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HAY FEVER IN MONTANA*

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THE RECORDS of the American Hay Fever Association indicate that the victims of hay fever in the United States number over a million and that the number is steadily increasing both apparently and actually. The apparent increase is due to the fact that many cases of hay fever are now recognized as hay fever instead of common colds. A conservative estimate is that one per cent of the population of the United States have hay fever. About sixty-five per cent of these finally become asthmatic if not treated. Hay fever frequently occurs in those who have a history of urticaria or eczema in childhood.

Hay fever was first described as an entity in 1673. The causes were attributed to various factors, such as sunlight, heat, ozone and emanations from hay, flowers and decaying vegetable matter. In 1865 Blakely obtained cutaneous pollen tests on his own arm. In 1870, Wyman sent ambrosia in full bloom to a resort in the White Mountains. The weed was sniffed by eight patients; one developed asthma, six developed hay fever and one remained unaffected. Eight others who did not come in contact with the package remained symptom-free.

In 1902 Dunbar produced hay fever by instilling a pollen extract into the conjunctival sacs of susceptible individuals. From then on advances were made rapidly.

Although hay fever is not fatal it is very distressing and depressing, often dreaded more than the more serious diseases. Patients look forward to the prolonged irritation, nasal congestion and restless nights. It interferes materially with the patient's ability to carry on his occupation.

SYMPTOMS OF HAY FEVER

Hay fever usually begins about the same date each year, the time corresponding to the pollinating time of the causative pollen. It usually occurs in otherwise healthy individuals. The onset is usually sudden with a sense of fullness across the bridge of the nose and irritation in the upper chambers. The inner corner of the eye itches and burns, there is tingling and itching at the roof of the mouth with spasmodic sneezing and pain in the eyeballs. There is considerable lacrymation and serous discharge from the nose. The nasal mucosa swells so that respiration through the nasal passages becomes impossible. Discharges from the eyes and nose later become semi-purulent. Vision becomes blurred and painful. The face becomes puffy and edematous, and the sense of smell is almost lost. Rest at night is frequently broken due to the swollen mucous membranes of the pharynx and trachea, which makes the patient feel as if he were being suffocated. Cough is frequent and late in the season this often goes on into asthmatic paroxysms. In addition the patient has a general depression, feeling of general malaise and loss of appetite. Dull pains are common, especially a tight band across the forehead.

CAUSES OF HAY FEVER

Ninety-five per cent of all hay fever is caused by wind-borne pollinated plants which grow in the locality in which the sufferer lives. The other five per cent by foods and other proteins which they eat or inhale, such as flour, dust, face powder, dandruff, feathers, etc.

Qualities of hay fever plants are such that they produce large amounts of small pollen which is carried by the wind, sometimes for a distance of ten to twelve miles. This is true of such plants as the russian thistle, sagebrushes, grasses, and poverty weeds which are common causes of hay fever. Such plants as the golden-

*Read before the Montana State Medical Association at the annual meeting, Missoula, Montana, July 13, 1927.

Fig. 1. Crested Koeleria (Koeleria Cristata). Pollinates in June. Shaded portion on map shows geographical distribution.

rod, roses, daisy, sunflower, clover, alfalfa, corn and primrose seldom cause much hay fever as their pollen is less in amount, is too heavy to be carried for any distance in the air, and they usually depend upon insects for carrying their pollen.

Factors which influence the amount of hay fever pollen produced are, first, a damp, cool spring, which increases plant growth; secondly, dry weather during the pollinating season, which allows the pollen to be liberated; and, third, moderate or high winds which carry the pollens.

ATYPICAL FORMS OF SENSITIZATION

There is a relatively small percentage of asthma and hay fever cases, usually of the perennial form, due to the inhalation of the dandruff protein of horses and other animals. During the world war, a number of men in the cavalry and artillery developed hay fever or asthma from inhaling the dandruff of horses. Hay fever and asthma are sometimes due to the dust of feathers. In such a case it is advisable to have the patient use pillows made of floss or kopak

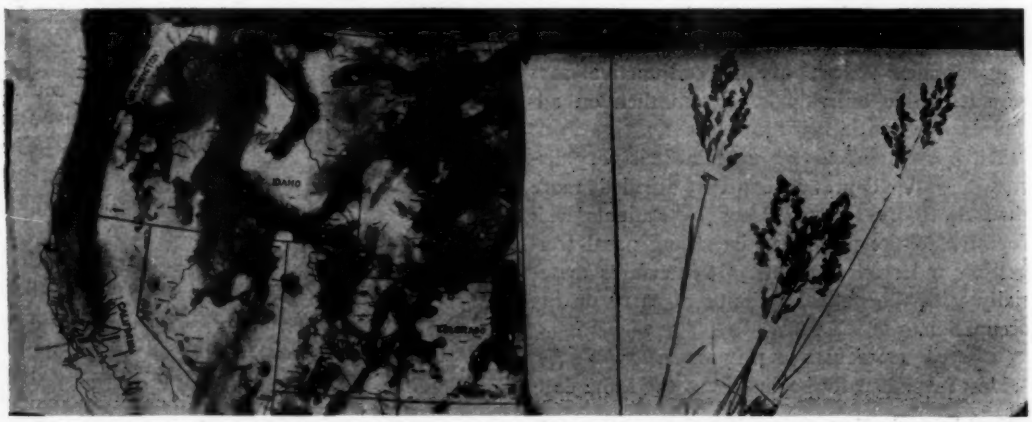

Fig. 2. Kentucky Blue Grass (Poa Pratensis). Pollinates from May to September. Shaded portion on map shows geographical distribution.

Fig. 3. Canada Blue Grass (Poa Compressa). Pollinates May to September. Shaded portion on map shows geographical distribution.

instead of feathers. Wool dust is another frequent offender. The influence of these proteins should be determined by diagnostic cutaneous tests. There are cases also in which the attacks are caused by the dust of coffee, flour and other foods. In perennial cases the cutaneous food tests should always be made with a view to determining any article in the diet which may be a causative agent. If an allergic food is found it should be left out of the diet. Some cases are found which are due to face powders containing orris root. These cases recover when the causative agent is removed.

There are a few cases of so-called vasomotor rhinitis. These cases have frequent nasal colds with paroxysms of sneezing. They do not react to pollen or food protein cutaneous tests. Excitement, worry or fear increases their symptoms. It has been found that the calcium content of the blood is low in such cases, and that if they are treated with calcium their symptoms are frequently overcome. In these cases a care-

Fig. 4. Orchard Grass (Dactylis Glomerata). Pollinates in June and July. Shaded portion on map shows geographical distribution.

Fig. 5. English Plantain (Plantago Lanceolata). Pollinates June to September. Shaded portion on map shows geographical distribution.

ful history should be taken to ascertain whether or not there is any seasonal aspect to this condition. If there is, we must always attempt to find definite causes for these patients who are definitely allergic yet are skin refractory. Dr. F. E. Stier, of Spokane, tells me he is doing an ophthalmic test which is clearing up many of these refractory cases.

In western Montana there are three hay fever seasons:

1. March and April or early spring, when the symptoms are due to the pollens from trees.
2. May and June or late spring, when the symptoms are due to pollens of the grasses.
3. July to frost or fall hay fever, when the symptoms are due to weeds such as the Russian

Fig. 6. Russian Thistle (Salsola Kali-tragus). Pollinates June to September. Shaded portion on map shows geographical distribution.

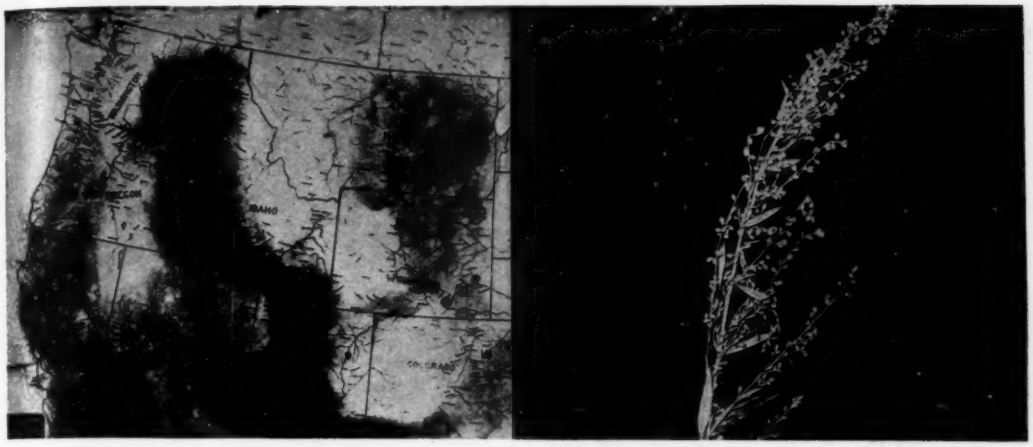

Fig. 7. Sagebrush (Artemisia Tripartita). Pollinates July to October. Shaded portion on map shows geographical distribution.

thistle, sagebrushes and poverty weeds, which are the chief offenders. This group is responsible for over sixty per cent of all hay fever in Montana.

DIAGNOSIS

In order to make an accurate working diagnosis of the causative agent in hay fever a survey of all the wind-pollinated plants in the region is necessary. The pollen extract which is used for the cutaneous test is made by extracting the pollen in a glycerine and salt solution. A scarifier is used to make an abrasion on the forearm, care being taken so that no blood be obtained. On this abrasion is placed a drop of the extract to be tested. Fifty or sixty of these tests can be applied at one sitting. In twenty to thirty minutes if the patient is sensitive to the pollen there will be an urticarial wheal from one to six centimeters in diameter, surrounded by a red inflammatory area. If the patient is not sensitive no wheal or red area will appear. In this way all the pollens are tested simultaneously and in thirty minutes the positive reactions are noted as the causative factors of hay fever.

TREATMENT

A pollen extract made in a glycerine and salt solution is prepared for each individual patient,

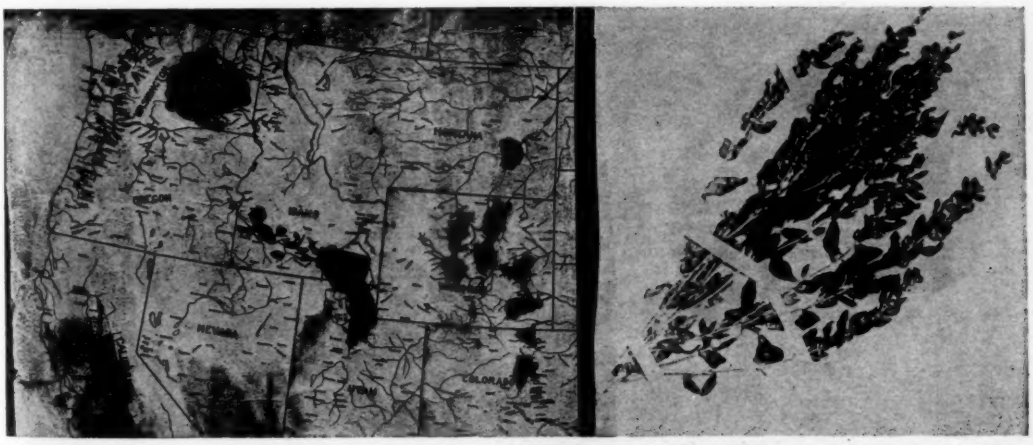

Fig. 8. Small Poverty Weed (Iva Axillaris). Pollinates during July and August. Shaded portion on map shows geographical distribution.

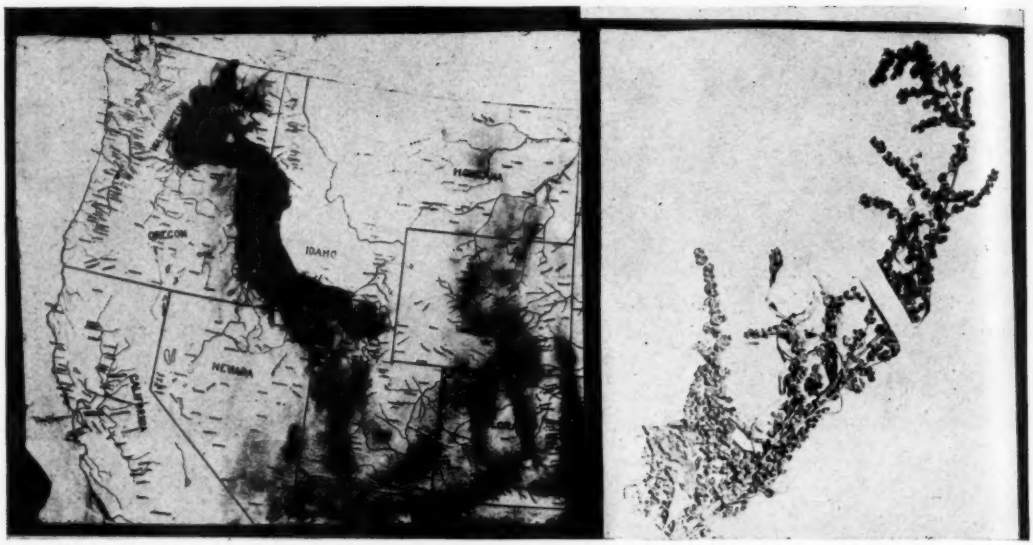

Fig. 9. Giant Poverty Weed (Iva Xanthifolia). Pollinates during August and September. Shaded portion on map shows geographical distribution.

those pollens to which the patient is sensitive are included and this preparation is used for the treatment. Ordinarily the first dose contains one pollen unit which represents one millionth of a gram of pollen. The doses are gradually increased until a thousand or more units can be given in a single dose by hypodermic administration. This usually requires about twenty doses to reach the final protecting dose. At first small doses can be given daily for ten or twelve times but after this the interval between doses can be extended to two or three days. The treatment period is planned so that the course of treatment, consisting of twenty or more doses, is completed about the time the weed to which the patient is sensitive starts to pollinate. It is also advisable to continue the treatment during the pollinating season with bi-weekly doses of the final protective dose. Each case, however, is an individual and requires constant supervision and checking. Dosages outlined for one patient may be insufficient or too much for another.

Preseasonal treatment is the method of choice whenever possible, but seasonal desensitization

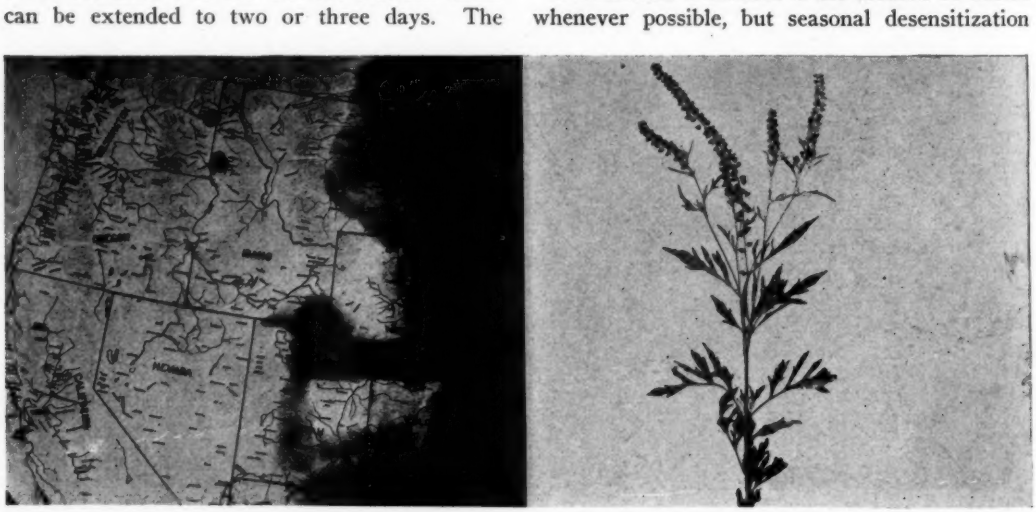

Fig. 10. Eastern Ragweed (Ambrosia Artemisiæfolia). Pollinates during August and September. Shaded portion on map shows geographical distribution.

should be attempted in those cases that seek relief after symptoms have developed, as a good percentage are given partial relief if not complete.

The treatment sets should be made by someone within a reasonable distance of the locality, who has made a thorough botanical survey of the vicinity and is well acquainted with the plant life in the locality. Treatment sets should be made for each individual patient according to his needs, including those pollens to which he is sensitive and exposed, but omitting others. Stock serums are to be condemned as not being scientific, and are to be classed with shotgun prescriptions.

Care should be exercised in the injections that the needle does not penetrate a subcutaneous vein, as the sudden entry of a considerable amount of foreign protein into the blood stream may produce an anaphylactic shock in a patient sensitive to the protein. Active massage of the injected protein should also be avoided as experimental injection of foreign proteins in animals have shown that the solution may be forced from the site of injection through the lympathics in sufficient amounts to produce serious anaphylactic disturbances.

RESULTS

Treatment was furnished 184 patients during the years 1923, 1924, 1925 and 1926. A questionnaire was mailed to each patient at the close of each season asking him to give his own estimate as to the percentage of relief obtained. Of these the total number to answer such a questionnaire was 133, upon which this report is based.

The following is a summary of the frequency of the onset in this series of cases:

March	4 cases	2%
April	12 "	7%
May	27 "	15%
June	40 "	22%
July	97 "	52%
August	4 "	2%
Total	184 cases	

It can be seen that over one-half of the hay fever cases develop symptoms during the month of July.

Grouping the cases according to the seasons and the amount of relief obtained they were found to be as follows:

Early Spring, relief	13 cases	100%
Late Spring, satisfactory results	43 cases	91%
Fall, satisfactory results	77 "	89%

A consideration of all cases treated without regard to the time that symptoms commenced is as follows:

Complete relief	14 cases	10%
Practically free from hay fever	51 "	36%
75 per cent relief	34 "	25%
50 per cent relief	22 "	19%
25 per cent relief	0	0
No relief	12 "	10%
Total satisfactory results		90%
Total unsatisfactory results		10%

It is difficult to say how much permanent results can be obtained as the immunization lasts for a period of only four to six weeks. However, results over a period of several years show that there is more improvement from year to year when the patient is treated, and a few have even improved to the extent that subsequent immunization was unnecessary. Subsequently, however, it is safe to assume that a patient who receives relief from hay fever this year will have the symptoms again next year if not treated. However if results are good this year, symptoms will not be so severe next year as they were previously when he had no treatment at all.

In order to insure good results, both the patient and the Doctor must coöperate by having a complete diagnosis with potent pollen extracts of all pollens to which the patient is exposed. A correct interpretation of the cutaneous tests and preseasonal treatment at regular intervals with proper dosage of potent extract is necessary. The treatment sets should include one pollen in each important pollen group to which the patient is sensitive. Cases due to orris root, feathers, animal emanations and other causes must be ruled out by the history or by cutaneous tests.

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The author wishes to thank Dr. R. F. E. Stier and Dr. Guy Hollister of Spokane, Washington, for their many valuable suggestions and for the maps used in this paper.

THE PRACTICABILITY OF IMMNUNIZATION WITH COMBINED SOAP TOXIN*

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THE BEST treatment of any disease is its prevention. The use of vaccination in the prevention of smallpox has resulted in smallpox no longer being a constant menace. Vaccination against typhoid fever in the United States army has reduced the incidence of typhoid fever to a minimum. The work of Schick and the work of Parke and his co-workers during the past ten years has made it possible with a universal immunizing campaign by the use of toxin-antitoxin to control the incidence of diphtheria in the same way. For the past three years an effort has been made to vaccinate against scarlet fever using the toxin brought out by the Dicks in 1924. While it is impossible at the present time to say that all cases when vaccinated are protected against scarlet fever, the results so far obtained are so favorable that, until some other method of immunizing against scarlet fever is discovered, we should continue with an intense campaign in the effort to eliminate scarlet fever with the present methods.

Public health campaigns demand that any method which is to be used should be as simple as possible. With this in mind, the combined soap toxin was used in order to reduce the number of inoculations necessary to immunize against two diseases. The use of combined vaccines appealed to others, notably Glenny and Zoeller. They attempted to develop such a combination, but as yet have been unable to use such a product clinically, due to the lack of a suitable detoxifying agent.

With Larson's method of detoxifying certain toxins with a low percentage of sodium ricinoleate, it immediately appeared feasible to attempt such a combined method of vaccination. The work up to date has been conducted with a combined soap toxin containing both scarlet fever and diphtheria toxin, but the possibility still remains that some day we may have a multiple combination which may be used early in childhood as a preventative measure against all of the more common diseases of childhood.

Many thousands of doses of combined soap toxin have been given. The outstanding feature is the complete lack of reactions. If any reaction takes place, it is nothing more than a slight local redness at the site of the inoculation.

Without the use of sodium ricinoleate to detoxify the scarlet toxin, no other method except giving pure scarlet toxin in small doses is available. When pure scarlet toxin is given, even in small amounts, reactions especially in older children almost always occur. It is also necessary to repeat the injections many times in order to give enough toxin to produce immunity. In addition to the scarlet toxin, the soap toxin has the advantage of containing the bodies of the streptococci organisms themselves, which produces an immunity not only against the toxin, but against the virulence of the organisms themselves.

The combined soap toxin contains the same amount of diphtheria toxin that is used in toxin-antitoxin. The soap toxin contains no horse serum, and for this reason does not sensitize the individual, and eliminates the danger of possible anaphylactic reactions later on if it ever should become necessary to give some antitoxin containing horse serum. In addition, this soap toxin mixture is stable under all conditions of temperature.

The combined soap toxin used during the past year is a 3 per cent solution of sodum ricinoleate containing 1,000 million scarlet fever streptococci organisms and their toxin and 0.1 L+ diphtheria toxin to each c.c. One c.c. of this solution is given subcutaneously over the biceps, and repeated at weekly intervals for three doses. Over 40,000 doses of this combined soap toxin have been administered without severe reactions. Occasionally there is a slight local redness lasting for twenty-four to forty-eight hours. The inoculation is no more painful than an ordinary hypodermic injection.

*Read before the annual meeting of the Minnesota State Medical Association, Duluth, Minn., June 30 to July 2, 1927.

In the city of Minneapolis, where some 13,000 school children were vaccinated with the combined scarlet fever and diphtheria soap toxin, statistics over a six months period show that while one in every fifty-four children in the city not vaccinated developed scarlet fever, among the vaccinated only one in 520 developed that disease. In other words, the incidence of scarlet fever is 15 times greater among the unvaccinated than among the vaccinated. With diphtheria the result was even more striking. Of 660 cases of diphtheria occurring in the city during the six months period, only two cases occurred among the vaccinated children. The ratio of protection of the vaccinated over the unvaccinated is forty-seven times.

In one institution of 250 patients where it has been a routine to inoculate all new cases with three injections of combined soap toxin, they have had no cases of diphtheria develop during the past year. Previous to this time, they had as many as 40 cases constantly in quarantine. For several years it had been routine treatment to give toxin-antitoxin, and the incidence of diphtheria was as high in those treated as in the untreated. During the past year, two maids and one nurse developed scarlet fever, exposing the entire institution. Only two children were diagnosed as having scarlet fever. One of these due to an oversight had never been given the combined soap toxin; the other had received three injections and had a very mild type of scarlet fever.

Another institution with 60 patients, during the past year had four attendants and twelve children with positive cultures but with no clinical symptoms of diphtheria. One child who had received only one inoculation shortly before becoming ill died of diphtheria. One child who had received two injections of soap toxin was seriously ill with diphtheria but recovered.

These clinical observations are so striking that it would appear advisable to endorse a state-wide campaign in an effort to entirely eradicate scarlet fever and diphtheria as dangerous diseases of childhood. Surely, the use of a combined toxin giving protection against several diseases with fewer injections necessary, is the best method to successfully put over a campaign of immunization. We feel that the combined soap toxin meets all the requirements of a satisfactory vaccine. It gives no reactions, is stable under all conditions, contains no horse serum, contains the scarlet organisms as well as the toxin, and makes it possible to immunize against more than one disease with the same common vehicle.

CULTURES OF LACTIC ACID PRODUCING ORGANISMS

Pseudoscientific promotion of lactic acid producing bacteria has become familiar, and in some instances it approaches outspoken quackery. The Council on Pharmacy and Chemistry of the American Medical Association has attempted from time to time to issue conservative, tolerant statements regarding the status of the uncertain lactic acid bacillus therapy. Furthermore, it has endeavored to establish the conditions under which alone, if at all, actual implantation effects can be expected. Thus, acidophilus milk and broth cultures and concentrates of *B. acidophilus* are not considered acceptable unless the number of viable organisms contained in a stated quantity is clearly stated, and the broth cultures and concentrates are made to indicate the need of the coincident administration of carbohydrates. The wisdom of the Council's cautions is indicated by the recent investigations of James in the microbiologic laboratory of the Bureau of Chemistry, U. S. Department of Agriculture. This survey of a number of marketed preparations indicated that samples representing cultures of both *B. acidophilus* and *B. bulgaricus* are not infrequently worthless. As was anticipated, the milks showed the highest average counts, the whey cultures next to the highest, and the solid cultures the lowest. (Jour. A. M. A., July 30, 1927, p. 374.)

LIVER EXTRACTS IN ANEMIA

The striking effect of feeding liver and certain preparations of liver on a number of physiological processes has been established. In the case of growing animals, it appears to promote rapid gains in size. The extraordinary effect of diets including liver on severe anemias of long standing in dogs has been shown. Vigorous regeneration of hemoglobin and red blood cells can be brought about by feeding the hepatic tissue of various species, beef, pig, sheep, calf and chicken having been tested with unquestionable success. Striking effects have been obtained in pernicious anemia with diets containing large amounts of liver in one form or another. Studies undertaken to determine the constituents of liver which are effective in pernicious anemia have been made and potent concentrates have been obtained. (Jour. A. M. A., August 13, 1927, p. 524.)

SCARLET FEVER AND DIPHTHERIA PREVENTION REACTIONS AND OBSERVATIONS IN 2,000 IMMUNIZATIONS*

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I HAVE TWO series of scarlet fever immunizations to report in which we used two different vaccines, and undertook each series with an entirely different object in view.

The first or smaller series is a report on immunizations by the one dose method.

CHART I

Each dose equals 3000 S. T. U.
Children under 20 years Av. 12.

		M.	F.	T.	%
Dick tested		251	170	421	
Pos. to Dick		36	48	84	20+
Neg. one dose		31	35	66	78+
Neg. 18 months		12	16	28	42+
84 Innoc.	No. react			29	34+
	Slight loc		+	18	21+
	Moder. loc		++	21	25+
	Severe loc		+++	16	19+
	Systemic react			1	1+

In this series of cases, the children ranged from 1 to 20 years old (none over 20) with an average age of 12+ years, and each child, regardless of age, was given the same dose of Larson's sodium ricinoleate scarlet fever vaccine, which was equivalent to 3,000 skin test doses.

The ultimate object of this series was to determine the length of the immunity acquired by this one injection of 3,000 skin test doses, which was a much larger dose than was ordinarily employed at that time.

For this series we selected 251 males and 170 females, total 421 children all under 20 years of age. These children were all Dick tested with the usual Dick test solution, using 0.1 c.c. intradermally. Of this number, 36 males and 48 females, total 84, or 20+ per cent, reacted positively to the test. This is of course a very low percentage, a much lower percentage of positive reactions than you will ever experience in private practice, but the children tested were all inmates of an institution where scarlet fever has been endemic or epidemic a great deal of the time, so the large number of immunities were undoubtedly due to a previous attack of scarlet fever. The apparent discrepancy of having 48 out of 170 females against 36 out of 251 males react positively to the Dick test, may be accounted for by the fact that the average age of the females was lower than the average age of the males; hence they reacted in inverse ratio to the number tested.

We then gave these 84 children (36 males and 48 females) who reacted to the Dick test, one dose of 3,000 skin test units of Larson's sodium ricinoleate scarlet fever vaccine. The following chart indicates the reactions in this test:

CHART II

Number	Percentage	Reaction
29	34	None
18	21	Slight (+)
21	25	Moderate (++)
16	19	Severe (+++)

In one case only, we had a general reaction which consisted of a scarlatinaform rash which lasted about twenty-four hours.

Subsequent Dick tests showed that 31 males and 35 females, total 66, or 78+ per cent, became negative to the Dick test following the one dose of the vaccine. Dick-testing these 66 cases was continued at irregular intervals, for a period of one and a half years, or until December, 1926, at which time (eighteen months after inoculation) we re-Dicked, using Dick test solution ten times as strong as the ordinary Dick test solution, and found that we still had 12 males and 16 females, total, or 42+ per cent, retaining their acquired immunity.

Although the single dose method is not uni-

*Read before the annual meeting of the Minnesota State Medical Association, Duluth, Minn., June 30 to July 2, 1927.

versally recommended at present, I report these cases to show that the immunity lasts long enough to protect through an epidemic, and in a certain percentage of cases seems to be quite permanent. I therefore strongly recommend its use in cases where, for some reason, it is impractical to use the three dose immunization.

In the second or larger series of cases, we used Larson's diphtheria and scarlet fever vaccine combined. Our primary object in this series was to give the combined vaccine a clinical test, so we discarded both the Schick and the Dick tests, and gave to each and every child three injections, one week apart, of the combined vaccine.

The secondary object in view with these inoculations was to determine the amount of reaction of the combined vaccine.

CHART III

Combined vaccine given to 955 males; 976 females; 1931

Extreme age limits..... {Minimum 6 mos. / Maximum 75 yrs.

Average age of group..... 26 yrs.

Number of doses given..... 5793

of which..... 2375 or 82.25 % M.

and..... 1459 or 49.82 % F.

Total of ..... 3824 or 66.00 %

Gave no reaction of any kind to any injection, 34% reacting.

In this series we inoculated 955 males and 976 females, total 1,931 cases; the extreme age limits were minimum 6 months, and maximum 75 years, with an average age of 26 years. To them we gave a total of 5,793 doses. Of this number, 2,375, or 82.25 per cent, of the males and 1,459, or 49.82 per cent, of the females, or a total of 3,834, or 66 per cent, gave no reaction of any kind to any of the injections.

The remainder of the cases, 1,957, or 34 per cent of the total, reacted as shown in the following chart to one or more doses (some reacting to only one dose, some to two doses, and some to all three doses).

The local reactions we classified into one, two and three plus, according to the severity: one plus being a small reddened area up to about the size of a quarter, two plus indicating a reddened area varying in size from a quarter to a silver dollar, and a three plus meaning an area larger than a silver dollar, with or without some local induration.

REACTIONS OF ALL KINDS, 1,947, OR 34 PER CENT

		Male	Female	Total	
1st	+	84	171	255	630
	++	32	199	231	
	+++	11	133	144	
2nd	+	105	189	294	628
	++	33	180	213	
	+++	3	118	121	
3rd	+	125	194	319	662
	++	52	157	209	
	+++	27	107	134	

This table shows us two things: (1) that there is very little difference in the number of reactions occurring with each dose, and (2) that there seems to be a definite ratio of the reaction inversely to its severity as follows:

No reaction at all.....	3,846	66%
One plus reaction.....	868	15%
Two plus reaction.....	635	11%
Three plus reaction.....	399	8%

In addition to the local reactions we had only two general or systemic reactions, meaning only one general reaction to 3,000 injections. These two general reactions were quite similar, both presenting a scarlatinaform rash; slight elevation in temperature; slight headache and general malaise—all which disappeared in from 24 to 36 hours.

In connection with the reactions I wish to mention that we used three different sites for the injections. About one-third of the doses we gave in the sub-scapular muscles, and about one-third in the gluteal muscles, and the balance in the deltoid. Of the three different locations, we had the largest number of reactions where we used the deltoid, and the least where we utilized the sub-scapular muscles.

I believe these figures are sufficient to show

that the diphtheria and the scarlet fever vaccine combined, and given in the same injection, does not produce any greater reaction than when either is used alone, and the reactions are all so mild that they are of no consequence.

Now, to return to the primary object of these immunizations, which was to make a clinical test, regardless of skin tests or laboratory reports. Here I must preface my conclusions by stating that in the institution where these inoculations were given, scarlet fever has been a very common disease, and that diphtheria in endemic or epidemic form has been with us almost constantly for the past 30 years. But since giving the inoculations we have not had a single case of either disease for a period of six months, and we hope to be able to extend this to a period of one and a half to two years.

STATEMENT OF THE FACTS AND OPINIONS AGREED TO BY THE INTERNATIONAL MEETING ON CANCER CONTROL HELD AT LAKE MOHONK, N. Y., U. S. A., SEPTEMBER 20-24, 1926

Although the present state of knowledge of cancer is not sufficient to permit of the formulation of such procedures for the suppression of this malady as have been successfully employed for the control of infectious diseases, there is enough well established fact and sound working opinion concerning the prevention, diagnosis and treatment of cancer to save many lives, if this information is carried properly into effect.

The causation of cancer is not completely understood, but it may be accepted that for all practical purposes cancer is not to be looked upon as contagious or infectious.

Cancer itself is not hereditary, although a certain predisposition or susceptibility to cancer is apparently transmissible through inheritance. This does not signify that, because one's parent or parents or other members of the family have suffered from cancer, cancer will necessarily appear in other persons of the same or succeeding generation.

The control of cancer, so far as this subject can be understood at the present time, depends upon the employment of measures of personal hygiene and certain preventive and curative measures, the success of which depends upon the intelligent coöperation of the patient and physician.

Persons who have cancer must apply to competent physicians at a sufficiently early stage in the disease, in order to have a fair chance of cure. This applies to all forms of cancer. In some forms early treatment affords the only possibility of cure.

Cancer in some parts of the body can be discovered in a very early stage, and if these cases are treated properly the prospect for a permanent cure is good.

The cure of cancer depends upon discovering the growth before it has done irreparable injury to a vital part of the body and before it has spread to other parts. Therefore, efforts should be made to improve the methods of diagnosis in these various locations and the treatment of the cancers so discovered.

Practitioners of medicine must keep abreast of the latest advances in the knowledge of cancer in order to diagnose as many as possible of the cases of cancer which come to them.

There is much that medical men can do in the prevention of cancer, in the detection of early cases, in the referring of patients to institutions and physicians who can make the proper diagnosis and apply proper treatment, when the physicians themselves are unable to accomplish these results. The more efficient the family doctor is, the more ready he is to share responsibility with a specialist.

Dentists can help in the control of cancer by informing themselves about the advances in the knowledge of the causes of cancer, especially with relation to the irritations produced by imperfect teeth and improperly fitting dental plates. They can also help by referring cases of cancer which they discover to physicians skilled in the treatment of cancer in this location. It may be doubted whether all dentists fully realize the help which can be obtained from *x*-ray photographs in revealing not only the state of the teeth but the condition of the bone surrounding them.

Medical students should be instructed in cancer by the aid of actual demonstrations of cancer patients, and this to a sufficient extent to give them a good working knowledge of the subject.

The most reliable forms of treatment, and, in fact, the only ones thus far justified by experience and observation, depend upon surgery, radium and *x*-rays.

Efforts toward the control of cancer should be made in two principal directions: (1) the promotion of research in order to increase the existing knowledge of the subject, and (2) the practical employment of the information which is at hand. Even with our present knowledge many lives could be saved which are sacrificed by unnecessary delay.

MEASLES PROPHYLAXIS*

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WITH ALL our vaunted progress measles is still to be regarded as somewhat of a reproach to the profession, claiming as it does an annual toll of hundreds of innocent victims. Still regarded by many of the laity as a harmless affection, the needless exposure to its dangers goes on apace, and many children are doomed to a life-long invalidism even if they do not succumb to its ravages. For many years research workers in all parts of the civilized world have striven unceasingly to pry into its secrets and disclose the causative agent.

This paper must necessarily be a review of the literature and of the methods advocated for the prevention and cure of this common affliction of childhood. During the past decade many attempts to modify the disease or to immunize children against infection have been made by the use of convalescent serum from patients recently recovered and from adults who have had the disease in childhood. These reports would indicate that serum from recent cases is more efficacious than that from individuals in whom a period of years had elapsed. Nicolle and Conseil, of Paris, were the first to report successful results by the use of convalescent serum. Since that time (1918) numerous reports of successful immunizations have appeared in the literature, with only a comparatively small percentage of failures.

Degkwitz, in 1920, reported a series of cases in which the use of whole blood from adult donors was used with some success. He later discarded this method on the assumption that the antibody content of adult blood was insufficient. Since that time, however, it has been demonstrated that adult blood is frequently rich in antibodies.

Kingsbury reports the successful use of convalescent serum on 395 children during an epidemic. Of these, ninety-three children were given 2 c.c. and in the next succeeding seven weeks 15 per cent developed measles; 132 were given 2.5 c.c. and of these 4.5 per cent developed the disease. Fifty were given 3 c.c. with an incidence of 14 per cent and 120 who received 3.5 c.c. showed an incidence of only 1 per cent. A total of 28 of the children treated developed the disease and only six of these developed a rash within ten days after inoculation. Apparently the ordinary period of incubation was notably lengthened and the course of the disease modified. In most of the cases reported a notable absence of complications is apparent and the severity of the attack very materially lessened. Passive immunity is said to last from two to five months. Good results have followed the inoculation as late as the eighth or ninth day after exposure. Karelitz and Levin report excellent results from the use of adult serum. They say, "It is the aim of this paper not only to increase the report of results obtained with the use of convalescent serum, but also to emphasize the fact that whole blood, defibrinated or citrated blood, and serum or plasma obtained from adults who have had measles may be used prophylactically. Thus, a child may be protected completely for a short time, or may be given partial protection and permitted to develop a mild type of measles which results in a longer and more lasting, even permanent, immunity. When it is safe to permit the child to have this mild measles, it is far more desirable than complete protection, which usually results in a very transient immunity. We feel that the modified measles is usually innocuous and may be very much less contagious than the ordinary disease."

Toomey reports results in 389 patients exposed to measles in which from 3 to 10 c.c. of convalescent serum were administered intramuscularly, in which 21 contracted measles, thirteen before and eight after the usual period of incubation of fourteen days, and in these the disease was marked by an unusual mildness.

MEASLES TOXIN

In March, of last year, Ferry and Fisher reported the isolation in pure culture from the blood of patients in the early stage of measles

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of a small gram-positive aerobic green-producing streptococcus in pairs and chains which produces an extracellular or soluble toxin specific to measles. This they have designated as the streptococcus morbilla, because of its etiologic relationship to measles as evidenced by its production of a toxin specific to measles and because no organism has previously been described as producing such a toxin. This type of streptococcus is said to elaborate a soluble toxin which gives specific skin reactions in children not immune to measles, while the reaction does not occur in those who have had the disease.

Tunnicliff and Taylor state that the green-producing diplococcus produces an extracellular toxin which gives a definite specific skin reaction in persons with a negative history, while no reaction occurs in those giving a history of having had measles. Italian investigators, while they are not in accord with the findings of American research workers, claim to have isolated the specific organism causative of measles.

Long and Cornwall, at the Boston City Hospital, after a carefully conducted series of experiments with forty-seven blood cultures taken from twenty-six patients, were unable to isolate any toxin-producing green streptococci.

It would appear that while the researches of workers in this country and abroad is not devoid of encouragement, the most successful method of preventing or modifying the course of measles at our disposal is by the use of convalescent serum or if this is not available by the use of whole blood or adult serum.

THE COMMONWEALTH FUND

The Commonwealth Fund, the philanthropic foundation established by the late Mrs. Stephen V. Harkness, is making studies in eleven northern and midwestern states for the location of the third rural hospital to be constructed under a new coöperative program initiated by the Fund last February. Farmville, Va., has been chosen as the location of the first institution under this program and Henry J. Southmayd, Director of the Fund's Division of Rural Hospitals, 1 East 57th Street, New York City, recently announced that the contract for the construction of the Farmville hospital has just been signed. Several hundred communities have been considered for the location of the second hospital unit, which will also be placed in a southern state, and the final decision will be made in the near future.

In planning the location of its third hospital, the Commonwealth Fund is now corresponding with county medical societies and chambers of commerce in a large number of northern and midwestern cities of less than ten thousand population. The program under which the gift will be made contemplates the construction of two rural hospitals every year. In the case of approved applications the Fund contributes two-thirds of the cost of construction and equipment while the local community must contribute one-third, and in addition meet the cost of operating and maintaining the hospital.

The Commonwealth Fund, of which Edward S. Harkness is President and Barry C. Smith, General Director, was chartered in 1918 as a philanthropic foundation to carry on a wide range of activities for the general welfare. In addition to her initial gift at that time, Mrs. Harkness made several subsequent donations which increased the capital fund to $38,000,000. Child welfare, health and educational projects have constituted the principal activities of the Commonwealth Fund, which also announced last year the establishment of twenty annual fellowships for British students in American universities.

In undertaking its new program for the construction of rural hospitals the Fund desired to assist in improving conditions affecting public health and medical practice in country districts. It was convinced that rural communities, despite certain natural advantages, frequently afford a less satisfactory opportunity for healthful living than many of our cities. While the causes of such conditions are numerous and complex it would appear that the lack of a sufficient number of competent physicians is a contributing factor which in itself has many causes. In this connection there is general agreement that in many rural communities the physician finds little professional incentive either to establish himself or to remain. The preliminary surveys made by the Commonwealth Fund, as well as other similar studies, have shown that the lack of a modern and well equipped hospital has often meant retarded medical progress and inadequate public health work in many rural communities. It is in the hope of contributing toward improving the conditions of health and medical practice in at least a certain number of such communities that the Commonwealth Fund has undertaken to assist in the construction of rural hospitals.

THE SYNTHESIS OF THYROXIN

The announcement by Harington, in 1926, that thyroxin, instead of being a compound of tryptophan, is a tetraiodo derivative of the *p*-hydroxyphenyl ether of tyrosine, has been followed by a determination of its constitution. Following this, Harington and Barger prepared synthetic thyroxin. This has been shown to be identical with natural thyroxin. Thus, the first artificial production of a naturally occurring biologic product, the active principle of the thyroid gland, has been accomplished. (Jour. A. M. A., June 11, 1927, p. 1892.)

PERTUSSIS*

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THE PROPHYLAXIS of pertussis has not made such tremendous strides as has the prophylaxis of diphtheria but marked progress must be recorded.

The etiology of pertussis, while still subject to some doubt, is quite generally ascribed to the Bordet-Gengou bacillus, a small coccus-like bacillus, morphologically resembling the influenza bacillus but having distinct cultural and immunological differences. If we accept this organism as the cause of pertussis there are three possible methods of producing immunity to the disease: one the injection of convalescent serum; a second the use of vaccine; and a third the injection of toxins formed by the bacillus. Since the Bordet-Gengou bacillus does not yield a soluble exotoxin as do the B. diphtheriæ, the streptococcus scarlatinæ and the B. tetanus, this last method of producing immunity cannot be considered. The method of injecting the serum of convalescent patients, so successful in measles, has been tried in pertussis with varying measure of success.

Robert Debré prophylactically injected[1] 2/3 to 1 c.c. of serum from blood of convalescing pertussis patients; he tried this in forty patients almost surely contaminated; thirty-one were completely protected, six had a very benign and three an ordinary attack of pertussis.

Bokay[2] found prophylaxis with convalescent serum without effect but injections of vaccine from pure cultures of Bordet-Gengou bacillus protected 94 per cent of one hundred and five children.

Gillot[3] used for the prophylaxis of whooping-cough, subcutaneous injections of human blood. In one series of children from one month to six years of age, the injections were made with blood from persons who had had pertussis long before. Four children injected during the catarrhal stage did not contract the disease at all; in two injected during the catarrhal stage the disease appeared, but in a mild form. In another series the blood was drawn from fathers and mothers without whooping-cough history. Six children injected before the catarrhal stage escaped the disease; in five injected during the catarrhal stage the disease was mild. The dose of blood injected in the seventeen children varied from 2 to 5 c.c.

From the above it can be seen that insufficient study of this method of prophylaxis makes final judgment impossible at this time.

The evidence in favor of prophylactic value of pertussis vaccine is more varied and more convincing. A number of carefully trained observers have given the evidence of their experience. While this evidence is entirely subjective it cannot be lightly dismissed.

G. R. Davies[4] reports an epidemic of thirty-three pertussis cases in one hundred and seventy-six children in an institution. The remaining one hundred and forty-three children were given three prophylactic doses of pertussis vaccine and only four developed symptoms.

Aurrichio[5] used a vaccine prepared from four strains of Bordet-Gengou bacillus in forty individuals exposed to infection in the family. Thirty-eight remained healthy and two showed slight symptoms; in six days he made three injections of 2 to 3 c.c. of a vaccine containing a billion germs per c.c.

Meyer, Kristensen, and Sörensen[6] collected Scandanavian reports on pertussis vaccine; the great majority indicated that the vaccine given during or prior to incubation attenuated the disease and advantage resulted in many cases when the vaccine was given in the catarrhal stage or the first week of the paroxysmal stage.

Engen Kramar[7] reports on the value of pertussis vaccine as a prophylactic. Of sixty-nine children intimately exposed to pertussis and given the vaccine, sixteen developed the disease and fifty-three under the same condition remained uninfected. He concludes that the value of the vaccine as a prophylactic is unquestionable though not infallible.

*Read before the annual meeting of the Minnesota State Medical Association, Duluth, Minn., June 30 to July 2, 1927.

C. J. Bloom[8] is enthusiastic about the prophylactic effect of the vaccine in institutions. He states that in three hundred and eight cases immunized against pertussis, only four cases developed. His technic is as follows: (1) the mixed vaccine is used, each c.c. containing 5 billion pertussis bacilli and 3.5 billion influenza bacilli; (2) this vaccine is given ten days after it has been prepared; (3) 1 c.c. is given on alternate days for three doses, then 1 c.c. every second year if complement fixation test justifies it.

C. A. Aldrich[9] concludes as to the prophylactic value of pertussis vaccine that there is definite evidence that some cases were prevented, although in the absence of controls the percentage could not be estimated. Only four of seventeen patients given prophylactic treatment developed pertussis.

H. M. Brouwer-Frommann[10] reports that thirty-eight children under the age of three in an institution all contracted pertussis from one child who had been exposed. All were given vaccine injections as soon as the disease was recognized. It did not prevent the development of the disease, but it was in such a mild form in all that the conclusion seems justified that the vaccine had attenuated the whooping-cough infection.

About ten years ago, at the instigation of Dr. W. P. Larson, I tested pertussis vaccine by means of the complement fixation test, a method of determining the presence of specific antibodies. The evidence in favor of pertussis vaccine cited above was purely subjective, but if the complement fixation test was positive after the injection of pertussis vaccine, we would have a definite objective test and therefore of greater scientific value. As a result of this work, extending over several years, I came to the following conclusions[11,12]:

Pertussis vaccine should be employed only when freshly prepared and without preservative. By fresh vaccine is meant a vaccine less than one week old.

The most effective dosage is one billion, one and one-half billion and two billions given on alternate days for three does.

It is most effective as a prophylactic but should be of great value in the early catarrhal stages of pertussis.

In doubtful cases of pertussis the vaccine should be administered before an exact diagnosis can be made, especially during an epidemic or where there is a history of previous exposure.

Since that time this work has been confirmed by other observers but very little new added. Of decided interest, however, is the work of Krumweide et al.,[12] who have shown that two different types of pertussis bacilli can be separated with different antigenic powers. This only confirms our previous clinical ideas.

In conclusion, pertussis vaccine is the best instrument for prophylaxis against whooping-cough. It should be freshly prepared, not over two to four weeks of age and should be given in doses of one billion, one and one-half billion and two billion every other day for three doses. Care should be taken that this freshly prepared vaccine contain different strains of bacilli and should have both types demonstrated by Krumweide.[12] The immunity, relative or absolute, lasts only a comparatively short time, so that the vaccine should be given only when there is a suspected exposure or in the presence of a widespread epidemic.

The realization of the importance of freshly prepared vaccine is a great advance in the prophylaxis of whooping-cough, but much more confirmative work needs to be done.

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DISCUSSION ON SYMPOSIUM BY
DRS. LARSON, MCBROOM, CHRISTISON and HUENEKENS

DR. I. A. ABT (Chicago): I hesitate somewhat to speak on this matter of vaccination, immunity, prophy-

laxis or treatment of this group of infectious diseases because the clinical experience has been of such short duration that we hardly know how to evaluate this whole subject.

Insofar as scarlet fever is concerned, it is true that we must be very grateful to these scientific men who have discovered the toxin and who have pointed the way for prophylaxis in treatment. Still those of you, like myself, who have had considerable experience in the attempt to prevent or protect the child against scarlet fever by these injections, and who have attempted to treat these children with these sera, or these antitoxins or vaccines, will feel that something more needs to be learned.

I think most of you had the experience, when you gave the first prophylactic serum where you were directed to give five injections at various periods, that the child became almost as sick as though he had a moderate scarlet fever. He had fever, eruption, sometimes a little sore throat. That was the first prophylactic treatment. Then there was the other prophylactic treatment discovered, used or advised by the New York group, not making any personal allusions. There you got serum reactions when you used horse serum for prophylaxis against scarlet fever, sometimes very severe reactions.

Then about that time, when I was working in this way, my attention was called to the serum, vaccine, toxin and soap toxin that was made up in this part of the country and I used that. First, I used only one injection as a prophylactic dose and I saw less violent reactions, but on checking up with the Dick test we found that, in a period of six months or a year, in most instances we didn't have a negative Dick test and we gave one or two more injections of this soap toxin and in many cases found we had a negative Dick test.

Of course, I don't know what a negative Dick test means any more than I know what a negative Schick test means. This point was brought out by one of the previous speakers, Dr. Larson. Suppose it does mean that the patient has a certain amount of immunity, how much infection would it require to work that amount of immunity which the patient has? Of course, I don't know anything about that.

The point of it all is, then, that so far as prophylaxis is concerned there are these various sera on the market and it seems to me that it is a question now of accumulating clinical evidence. The immunologists and the bacteriologists are very important in improving our knowledge, but it seems to me we clinicians must go out now and test these things and make accurate clinical observations.

The important thing, it seems to me, is how many children will be taken down with scarlet fever in a certain community after they have been injected with any one of these sera, and how long a time after the injection will they fall ill with the disease? Such clinical observations no doubt will be of the greatest value.

The same thing may be said of the treatment of scarlet fever. Which one of these sera is best calculated to bring about the results in treatment? I think there is still some difference of opinion, and I think most careful clinicians after a year or two of experience are beginning to feel they don't want to give these antitoxins in the milder cases. I know I don't. I see lots of scarlet fever. I leave these patients and go away and think, "Well, that one isn't bad enough," and I hope it isn't going to be bad enough so that I have to give antitoxin, because to tell you the fact of the matter (and I hope I am not presenting an extreme view) I am just a little bit afraid of some of these new antitoxins on account of the severity of the reactions which I and a good many of my colleagues have observed.

With the measles there is nothing to add. I think Dr. Christison stated the matter very fully. The convalescent serum is the one that is to be advised, more particularly in prophylaxis, and it seems to me I have seen many times within the last four or five years instances in a family where measles was prevalent, where, if the child were given the convalescent serum a week or possibly ten days before the expected occurrence of the disease in this particular child, the measles was very much modified. As a rule it was an extremely mild affair, and it seems to me this convalescent serum should be used in these cases, especially in very young children. I think every one of us dreads measles in a tiny baby, the newborn baby.

I had this experience: A mother contracted measles shortly after she was confined. The baby was a few days old when I saw it. We gave this newly born infant some of this convalescent serum, and while in two or three weeks the baby had a very slight rash and a very slight fever elevation there never was a definite measles. I think it was very fortunate that we could give such a baby a convalescent serum as a prophylaxis. I think that is the indication.

So far as the whooping cough vaccine is concerned, I think we are pretty much in the same position that we are with reference to these other vaccines and serums.

I think Dr. Huenekens stated the point when he said that we don't know what the toxin is, that the toxin hadn't been discovered, or wasn't known. It is very definite to talk about antitoxin and immune producing serum. On the other hand, I think this is true: If the whooping cough vaccine is given sufficiently early, and as was brought out by Dr. Huenekens years ago, if it is given sufficiently fresh, the force and the severity of the disease is diminished and the individual paroxysms are favorably influenced.

On the other hand, I think every one of us has seen cases of whooping cough where we give the vaccines in the usual way without very gratifying results. Then I want to say, parenthetically, whooping cough is that one disease where almost every remedy in the pharmacopeia, everything in the way of mechanical devices, where all kinds of lights and physical therapy—even to incubation—have been tried with favorable reports. But, on the other hand, coming back again to this whooping cough vaccine, I have yet to hear any unfavorable reports and I have yet to hear of any untoward results which occurred from the use of whooping cough vaccine, and there are a great many men who believe they obtain favorable clinical results.

NOTES ON HEART BLOCK*

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PATIENTS SUFFERING from heart block repay careful study. The most interesting features of heart block are as yet subjects for discussion. The mechanism of the attacks is as yet only partly understood.

It may help to an understanding of what follows to refer to the photographs herewith presented which were taken of beef hearts, in which Dr. Cardle and myself have been able, following the method of Cohn, to inject the branches of the His bundle. We are still working on the technic of opaque injections, with a view to obtaining *x*-ray pictures of the bundle taken through the heart muscle. It will be noticed that numerous blotches in the course of the branches occur. These are due to leaking through of the injected fluid in the sheath of the conducting structure and do not represent nodes.

It is usually not difficult to recognize in the photographs the main divisions of the His bundle as described by Gross. In the right heart the right branch of the bundle proceeds from the septum as a column until it reaches a moderator band, where it divides into a network of fibres spreading out over the inner surface of the right ventricle. The left branch passes over the top of the septum into the left ventricle, and spreads out almost immediately over the inner surface of the left ventricle in like manner as the network in the right ventricle is distributed. It is not so easy to recognize what Gross calls the anterior and posterior divisions of this network.

It is regrettable that so little histological material is available to explain the location and nature of the lesions in heart block. Material is, however, accumulating very rapidly. The lesions of course are various. Most of them are vascular and in or near the main bundle. Oppenheimer made extremely painstaking examination of three hearts in death from heart block. In one he found a calcareous deposit in the course of the main bundle, just below the auriculo-ventricular node. A second case showed sclerosis of the small vessels in the main bundle which, undoubtedly, was responsible for the block. There was also coronary sclerosis. The third case had an infected infarct of the ventricular septum. This was very near the junction of the right and left bundle branches. The lesions of syphilis are very rarely found in the bundle tissue. Arteriosclerosis and resulting ischemia of tissue are overwhelmingly the lesions noted.

Without question we have until recent years missed a great many heart blocks becouse of the fact that there were no Stokes-Adams attacks present. We now know that a slow pulse more often is due to conduction trouble in the heart than was formerly recognized. A generation ago the teaching was that, especially in elderly people, a slowing of the pulse was due to a general fibrosis having reference particularly to heart muscle. At present one should always be suspicious of heart block when the pulse becomes slow and is not otherwise explained. It is entirely possible, without instrumental means, to diagnose a probable heart block in such a case.

Taking the modern conception of the conduction apparatus in the heart, we may assume that certain things are fairly well accepted as settled. The main nodes and the main bundle and probably the first portion of the branches have their own peculiar blood supply. The remainder of the His network takes its blood from the vessels of the myocardium upon which it lies. The rhythm of the heart beat is normally under the control of the sinus node, which is supplied by the terminations of the pneumogastric plexus as well as the terminations of the sympathetic, so that inhibitors and accelerators of rhythm act through this node. The auricular-ventricular node may initiate a slow rhythm; also it is an accepted theory that other and lower centers along the whole length of the His bundle have excito-motor functions which may give rise to still slower rhythm of the heart.

Experience shows that we find many cases of block following acute infections, especially the acute infections like influenza. This suggests the possibility that lesions which may be the basis

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for heart block have existed silently before the infection only to produce symptoms when the threshold of resistance is lowered by weakness as would be caused by an acute illness. Opposed to this hypothesis would be the clinical observation that heart block does not show itself at the height of the infectious process, but from two to six weeks later.

Fig. 1. His bundle injected in beef heart. Right ventricle.

Fig. 2. His bundle injected in beef heart. Left ventricle.

Symptoms of heart block do not disappear with regaining health, attacks recurring or becoming a permanent block though possibly incomplete in form. However, we find possible relationship between the time of onset of heart block quite frequently with a preceding illness, particularly an acute infectious process.

The following case is typical.

The patient, a physician, in active surgical practice, fainted while engaged in an examination. He had had an ambulatory attack of influenza five weeks before. A slight irregularity of his pulse was noted for several weeks before the fainting attack. Dr. Geo. D. Head saw him immediately, as he was in the hospital at the time, and noted a very slow pulse, which he attributed to heart block. The patient after a few hours' rest refused to consider his condition as serious and continued to attend to his work. His pulse maintained a fairly regular rate between 50 and 60. A second attack without fainting lasted about twenty-four hours with a pulse rate of 28 to 32. The cardiogram showed typical heart block. After a rest of ten days he seemed quite restored to normal.

During the following summer and fall he was frequently examined and nothing but a normal heart action was seen, although he passed through a gastro-intestinal attack without disturbance of his circulation. Later on, an attack of influenza more severe than the previous one was followed in four weeks by a return of his heart block, this time accompanied by severe Adams-Stokes seizures and convulsions. Adrenalin and digitalis were given with slight benefit. The same is true of coffee or caffeine, which gave a temporary relief, but the successive attacks progressively weakened the heart action. It was thought best not to give barium chloride, as too dangerous. Convulsions and syncope recurred at intervals of from five to fifteen minutes in spite of all remedial agents. Barium chloride was tried in the later stage and its use was followed by increased force to the ventricular beat for short but transitory periods of less than one minute, during which time the rate of the heart rapidly changed from 22 to between 69 and 80. The syncopal attacks followed so rapidly that it was impossible to attach any significance to the sequence of events. It was evident, however, that barium chloride had a powerful stimulant effect.

This patient never had, previous to his heart block, a systolic blood pressure above 125 mm. of Hg. The pressure dropped during his last illness to 90-100 systolic.

This case will stand as an example of many others which followed acute illness of some sort.

As bearing on the question of injury of slightly different nature the following case may be of interest.

A young man of twenty-six in the navy had an attack of heat exhaustion in the West Indies, was unconscious two days, and was later in the navy hospital at Washington for several years. During this period he had numerous attacks of unconsciousness coming on as a rule during tests. After discharge he continued to have similar attacks, usually induced by shock or excitement rather than by exertion. Several times he was carried to a hospital, unconscious, in a street seizure, and invariably given digitalis.

This man's cardiogram showed a permanent 2 to 1 block. He was a migratory animal and the writer gave him, to be attached to his undershirt, a copy of his cardiogram with a note warning anyone against giving him digitalis as he was subject to Stokes-Adams attacks.

One would prefer to leave the subject of therapy untouched, unless allowed considerably more space than this for its discussion. Drug therapy is or should be distinguished by its narrow limitations. It is best to know what to avoid, since the condition paths in the heart are quite subject to the deleterious effect of medicines which influence the heart nodes. Of late, however, considerable has been written in regard to the use of barium chloride in heart block. The theory upon which it is used is that, impulses from the auricular side of the heart being blocked, the drug is capable of raising the sensibility of the auriculo-ventricular node, thus initiating impulses of the ventricle and maintaining the circulation. Reports of five cases at least, where this has apparently taken place, have been published in the Journals *Heart* and *The Archives of Internal Medicine*. Contra, the case of the physician above reported in whom it had no good effect and many others with the same ending. It has also been noted that its administration has been followed by bad or even fatal results.

Hare and others described the effect of barium chloride in moderate doses as increasing the rapidity of the heart beat while steadying the rhythm. The output of blood from the heart is increased, as is also the arterial tension. It probably has no effect upon the vagus or upon the vasomotor center, the short period of stim-

Fig. 3. Beef heart, His bundle injection. Right ventricle.

Fig. 4. His bundle injections in beef heart. Interior of left ventricle.

ulation arising from action of the drug upon the accelerator nerves. Toxic effects are shown by gastro-intestinal irritation, vomiting, purging, collapse, convulsions, and death when the dose is sufficiently large. The question arises whether this is not in part due to poor elimination in a state of heart exhaustion which occurs in heart block. Death results from cardiac arrest due to the violent contractile effects upon the heart muscle. Respiratory arrest occurs almost simultaneously.

From the above and the few cases in which it has been given with benefit, it is fair to assume that if used at all it should be early in the attack of heart block before the heart is exhausted, and then only in minimum doses.

The following is a favorable case apparently:

A Pullman car conductor, aged 44, with negative previous history except that he had been in six train wrecks in ten years' time, was troubled by shortness of breath for three weeks before his first examination. A weak first sound accompanied a pulse rate of thirty-six. The pulse sank to eighteen and he had several typical attacks of syncope accompanied by tonic convulsions. His physician, Dr. A. E. MacDonald, was counselled to try him on barium chloride, which was administered every four hours in doses of one-third of a grain. The next day he had less trouble from his seizures, which had been up to that time nearly continuous. The drug was continued in lessened doses for four days, when the patient seemed to have recovered, and has been well ever since.

In the above case it will be noted that while the symptoms were severe the attack had not lasted so long as to produce heart exhaustion, and it is quite possible that the drug did prevent some of the syncopes from occurring. There seems to be no substitute for the supporting treatment of the heart. Adrenalin, digitalis when the heart shows signs of weakening, caffeine when needed for heart and arterial tone, are apparently our best drugs but only to be used with great discretion.

CACTINA PILLETS AGAIN

Twenty years ago preparations of *Cactus grandiflorus* —the Mexican night-blooming cereus—had considerable vogue, chiefly because of the extravagant advertising claims made for two preparations said to be derived from it—"Cactin" and "Cactina." In 1908, Sollmann thus ironically described the claims made for these preparations: "Should the heart be too slow, cactus quickens it; if the heart is too fast, cactus slows it; should the heart be too weak, cactus strengthens it; if the heart is too strong, cactus weakens it; does the heart wobble, cactus steadies it; if the heart is normal, cactus does not meddle with it." Subsequently a number of reports were published showing pharmacologically and clinically that preparations of cactus were inert. As a result of the thorough exposure of the worthlessness of cactus preparations, proprietary houses have generally abandonded their exploitation. While "Cactin" (now called "Cactoid") is still offered for sale and is still the "joker" in a proprietary morphine-scopolamine preparation, no claims for it are advanced. In the case of "Cactina Pillets," however, the proprietor—the Sultan Drug Co.—still finds it profitable to continue advertising in a certain class of so-called medical journals and to continue making the claims that have been so thoroughly disproved. To those who give credence to these advertising claims, a recent clinical study will be of interest: it reaches the conclusion that Cactina Pillets are no more than a placebo, thus agreeing with Sollmann, who twenty years ago called the preparation a psychic cardiac tonic. (Jour. A. M. A., July 9, 1927, p. 138.)

ETHYLENE—II.

The A. M. A. Chemical Laboratory reports another examination of the quality of ethylene for anesthesia which is on the market. The Laboratory reports on the composition of "Ethylene for Anesthesia" of the Certified Laboratory Products (which has been accepted for New and Non-official Remedies) and a specimen of the ethylene of the Kansas City Oxygen Gas Company, the quality of which had been questioned in a hospital. The laboratory found both products to meet the requirements of New and Non-official Remedies. The Laboratory repeats its previous recommendation, that physicians use only the brands of ethylene described in New and Non-official Remedies. (Jour. A. M. A., August 6, 1927, p. 451.)

LUCKY TIGER

This is a dangerous nostrum sold for the treatment of dandruff, eczema and sore feet. Because of reports of severe skin irritation following the use of "Lucky Tiger," the A. M. A. Chemical Laboratory analyzed it. The Laboratory concluded that the preparation consists essentially of ethyl (grain) alcohol, methyl (wood) alcohol, sodium salicylate and sodium arsenite. The amount of arsenic present as sodium arsenite was about one-tenth as much as found in solution of potassium arsenite (Fowler's solution). When the amount of the preparation that will be used in an application is considered, it can be readily appreciated what a relatively strong solution of arsenic this is. This preparation has no place among legitimate home remedies. (Jour A. M. A., August 13, 1927, p. 541.)

BOVINE TUBERCULOSIS AND ITS RELATION TO MAN*

ARNOLD S. ANDERSON, M.D.
Wabasha, Minnesota

WE ARE living at a time when it is highly essential for the medical man to be able to successfully convey health facts to the public. Almost daily we are called upon to voice our opinions concerning various health problems and practises and we are ultimately to be judged competent or incompetent according to the correctness of our response. And the correctness of our response is dependent upon the amount of ready information we have on hand; the diligence with which we have followed and assimilated scientific knowledge. Almost each day brings to us some physical affliction resulting from a preventable cause; preventable in the sense that science has turned a spot-light on the cause of the disturbance and found a method for combating it.

The purpose of the present paper is to briefly review the subject of bovine tuberculosis in order to put in ready form facts which point to its effect on man; findings which have led us to accept that this disease in cattle is a potential disease producer in man; and proof that the scientific handling of the problem causes both a health gain and an economic betterment.

In 1865 Villemen demonstrated the transmissibility of tuberculosis by animal inoculations. In 1882 Robert Koch made known his discovery of the tubercle bacillus, and in 1890 he announced his discovery of tuberculin. It remained, however, for Theobald Smith in 1898 to definitely determine by morphological, cultural and pathogenic characteristics that tuberculosis in humans and in cattle is caused by two different types of tubercle bacilli and he christened them the human and the bovine types. These four great discoveries serve as the foundation upon which is built the present day methods for the eradication of bovine tuberculosis.

Villemin's ingenious work proved that tuberculosis could be transferred from an infected field to a non-infected one; it showed that an infective source is a potential danger to a healthy surrounding. The discovery of the tubercle bacillus gave us the causitive agent. The differentiation into the human and bovine type gave us a scientific method to prove that the bovine type of tuberculosis could definitely affect mankind. And the production of tuberculin left us a test for the determination of the presence or absence of tuberculosis.

A few words concerning the course of tuberculosis in cattle should not be amiss in order to better understand the problem that confronts us in the attempt to eradicate bovine tuberculosis. The disease is marked by its insidiousness. With the production of symptoms the disease has already gone on to an advanced degree and obtained a firm foothold. The symptoms are those referable to the particular organ involved. With pulmonary involvement one of the first symptoms is a tendency to cough; with progression comes increased cough and dyspnea. Usually by this time the lymph glands of the chest and other organs may have become involved to the extent of causing circulatory or digestive disturbance. The disease brings the animal to extreme emaciation and finally death. Due to the fact that the tuberculosis is well advanced before symptoms appear in the animal the disease therefore has usually made serious inroads into a herd of cattle before the owner suspects the nature of the condition he is dealing with. It is as treacherous and subtle in its advance as a thief in the night. To wait for symptoms to appear is to wait for a one hundred per cent infected herd. A safer and surer method of detecting the disease must be used.

Lack of symptoms in an individual frequently arouses skepticism as to a diagnosis when a given test reveals the presence of a pathological lesion. The diagnosed one often asks, "How can there be anything wrong as long as I feel and look perfectly well?" And the farmer sometimes questions "How can that cow have tuberculosis when she looks and acts perfectly well?" in response to the announcement that a positive tuberculin test exists and that the cow is a source of danger.

*Read at the annual meeting of the Wabasha County Medical Society held at Lake City, July 7, 1927.

The fact has been well established that a positive tuberculin test indicates the presence of a tuberculous focus and that with a tuberculous focus the cow becomes a potential disease producer. I here quote from Calmette who in his great book on tuberculosis in man and animals says: "Rabinowitsch and Schroeder and Cotton demonstrated that calves, born of apparently healthy but tuberculin positive cows, and suckled by the mother react to tuberculin after two to six months. It appears then that, as regards the bovine species, no doubt can remain than that, as Moussn would have it, the milk from every milch cow giving a positive tuberculin reaction must be regarded as suspicious." Further evidence that milk from tuberculin positive cows is a source of danger comes from investigations of Mohler, Gehrmann and Evans (Bulletin 44, Bureau of Animal Industry, United States Dept. of Agriculture). These investigators examined the milk from fifty-six cows reacting to tuberculin but showing no clinical signs of tuberculosis. The milk was examined over a period of several months, guinea pigs being fed or inoculated with samples. Tubercle bacilli were detected in the milk of twenty-three per cent of the fifty-six cows. Other investigations have also shown us that tubercle bacilli may be isolated from the milk of apparently healthy cows showing no clinical signs of tuberculosis, but who do have a positive tuberculin reaction. These facts immediately impress upon us the value of tuberculin in detecting for us unsuspected infective sources of tuberculosis.

The question has often been raised, "Does the tuberculosis of cattle affect man?" This subject was vehemently discussed and investigated following Robert Koch's expression of opinion in 1910 that in his belief tuberculosis in cattle did not affect man. The cause for Koch's opinion was that in his investigations in this regard he had used tuberculous material in adults and not in children. Subsequent investigations have shown that bovine tuberculosis in the adult is uncommon compared to that in the child and that the closer we approach the adult stage of life the more probable is our tuberculosis to be caused by the human type of tubercle bacillus. The scientific investigations following Koch's remark proved definitely that the human family is affected by bovine tuberculosis. Parke and Krumweide, in a collection of 930 reported cases of tuberculosis studied as to the type of organism present, showed that bovine infection in adults was uncommon but that in children under five years of age 61 per cent of cervical tuberculous adenitis, 58 per cent of abdominal tuberculosis and 66 per cent of the generalized tuberculosis and meningitis was caused by the bovine tubercle bacillus. Kossel, Mitchell, Frazer, Rabinowitsch and many other investigators have reached similar conclusions as to the rôle that bovine tuberculosis plays to man. Calmette states that 6 to 10 per cent of deaths from tuberculosis in children under five years of age is due to the bovine bacillus.

Cow's milk is the principle vehicle by which the bovine tubercle bacillus is conveyed to man; hence it is a most important consideration in the problem of eradicating this disease.

The two principal methods in use for obtaining cow's milk free from bovine tubercle bacilli are: (1) Milk from a tuberculosis free cow; (2) pasteurized milk. Heating of the milk for thirty minutes at 144° Fahrenheit renders it safe to drink. The safest, however, is a combination of the two which then insures a wholesome product. Sufficient proof is not lacking to assure us that pasteurized milk and milk from tuberculosis free cows has materially lessened the morbidity and mortality rates from tuberculosis in children. William H. Park in a survey on the relation of milk to tuberculosis in New York City has shown a decrease of 22 per cent in tuberculous cervical adenitis since the institution of pasteurization in the city. He also calls attention to the striking difference in the morbidity incidence of this disease in New York and Paris, where practically all the milk is either boiled or pasteurized, as compared to that of Edinburgh where this procedure is not so generally practised. In 1910 it was shown that more than 10 per cent of raw milk sold in Chicago contained virulent tubercle bacilli. Pasteurization of all milk was then adopted in this city in 1911 as an immediate protection. This caused a definite decrease in the percentage of tubercle bacilli found in the milk, but due to faulty commercial pasteurization tubercle bacilli were still found. This led to the passage of an ordinance requiring that all milk sold in Chicago after

April 1, 1926, be obtained from non-tuberculous cows.

One of the loudest objections to the present methods in use for the eradication of bovine tuberculosis is the belief that it results in too great an economic loss. The fact that tuberculin positive cattle showing no clinical signs of tuberculosis must be slaughtered appears to the average person a massacre of an economic law. The subject, however, has received careful study at the hands of those best qualified to consider it. The report of the Special Committee on Bovine Tuberculosis Control appointed by Governor Hartness of Vermont shows a detailed investigation as to the wisdom and efficiency of the methods in use for the eradication of bovine tuberculosis. Their conclusions were that it was an economic gain rather than a loss.

Tuberculosis in cattle is a contagious and a progressive disease; hence the early detection and slaughter of animals afflicted means limiting the spread of the plague, with the result of a healthier and more valuable herd. One dairy owner made the statement that if one half of the animals in a herd were infected and killed, the remainder, then accredited, would be worth as much as the whole herd formerly.

In conclusion, let us briefly summarize the most important points to remember in a consideration of this subject.

1. Bovine tuberculosis does affect man and the most susceptible victims are children.

2. Tuberculin is a specific test showing the presence of a tuberculous focus.

3. Cows symptomless, but with a positive tuberculin reaction may excrete tubercle bacilli in their milk. What is a closed case today may be an open one tomorrow.

4. Pasteurization and milk from tuberculosis free cows are the accepted methods effective against conveying the bovine tubercle bacillus to mankind.

Civilization is slow to adopt scientific truths and so it is but natural that methods known to be effective as barriers against disease should be delayed in their application. Pasteurization in particular has proven to be a powerful preventive measure not only against bovine tuberculosis, but against typhoid, diphtheria, dysentery and other disease that are frequently conveyed by milk, but as yet its general application has not been realized. It is with this as well as with so many other scientific truths that Tennyson's dictum holds true that, "Knowledge comes but wisdom lingers."

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FOODS IN DIABETES

A generation ago the chief concern in the management of diabetes was centered in the reduction of the carbohydrate intake; consequently, in the choice of articles of diet preference was given to those relatively poor in sugars and starches. The expression "diabetic food" came into vogue to designate a variety of products having in common a content of carbohydrate notably below that of ordinary products of the same class. An official definition was formulated by governmental authority, permitting the application of the term diabetic to indicate that a food contains "not more than half as much glycogenic carbohydrates as the normal food of the same class." The outlook on the dietotherapy of diabetes has been considerably altered in more recent years. It is no longer merely the carbohydrate in the food that merits attention. Sugar can be formed from protein. Regulatory officials have become inclined to discourage the use of the term diabetic as a part of the name of these special foods. Accordingly there is no longer any federal definition of a diabetic food. Since such products are offered as dietetic aids in the control or mitigation of disease, they are regarded by food control officials as therapeutic agents rather than as foods and more properly regulated under the provisions of the Food and Drugs Act which refer to drugs. E. M. Bailey, the chemist of the Connecticut Agricultural Experiment Station, has also abandoned the term "diabetic food." In his latest report he remarks that successful diets for patients with diabetes may be formulated by proper selection of common foods quite as well as by the use of special foods. He states that many of the latter serve useful purposes but are expensive. The utilization of common foods is of increasing interest to the physician and to the patient. (Jour. A. M. A., July 30, 1927, p. 376.)

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EDITORIAL

The Medical School Committee Report

The Medical School Committee of the Minnesota State Medical Association in making its first annual report at the Duluth session (see page 643), refrained from offering any specific recommendations concerning the policy of the University of Minnesota Medical School and its attached hospital, merely voicing an opinion signed by all the members of the committee, namely, that the administration and policy of tax supported medical schools and their teaching hospitals should be placed in the hands of experienced medical men.

This Committee originated as the result of a difference of opinion between the University of Minnesota Medical School and the practicing profession in the State relating to the policy of accepting pay patients in tax supported hospitals, for the purpose of teaching and to give private practice to the full time medical teacher.

As the report shows, the committee made an exhaustive investigation of the policy of ten tax supported medical schools and their attached hospitals and also obtained, insofar as possible, the attitude of the practicing medical men in the localities of these institutions.

When the careful student of this problem considers the history of medical education in the United States, from its very beginning to the present day, he is not surprised that such a difference of opinion exists.

Previous to the American Revolution, the policies of the medical schools of the first two institutions of medical education, namely, King's College in New York (now Columbia University) and the University of Pennsylvania, were in the hands of medical men, and for a period of one hundred years subsequent to the Revolution medical teaching wherever offered remained under the control of medical men, the University connection being to a great extent nominal. Thus, the traditions of medical education and the policy of its institutions continued in the hands of the practicing physician and surgeon rather than under the control of professional educators.

About a quarter of a century ago, a movement was instituted by Universities in America to place the control and policy of medical schools in the hands of professional educators, and medical education with its expensive laboratories and its premedical educational requirements became so costly that many of the older type of medical schools welcomed the change and merged themselves with State and endowed institutions, relinquishing the control of administration and policy to the institution financially and otherwise able to carry it on. With this rather abrupt change, many of the traditions and customs relating to medical education and practice were radically dealt with in the hands of the professional educator with results both good and bad from the medical practitioner's viewpoint. Many educators in America, viewing medical education as a "University discipline" and ambitious to establish teaching institutions of the European type, are willing to subsidize the practice of medicine to that end. The practicing medical men view medical education still very

largely as a function of the trained medical man and look upon the practice of medicine and surgery as an occupation. The above two viewpoints are responsible for the attitude of the practicing medical man as shown in the committee's report.

In conclusion, with a conference still pending between the Board of Regents of the University of Minnesota and the Medical School Committee of the Minnesota State Medical Association, it was perhaps wise for the committee to act as it did, leaving it to the proper representatives of medical education and medical practice to decide whether or not the tax supported teaching institution should accept pay patients in its teaching hospital to augment the salaries of its full time teachers and to increase the volume of teaching material, or restrict this type of charity hospital to the indigent poor alone and let the full time medical teacher be satisfied with the honor and salary of his University position.

Medical Lying

In an interesting article entitled "Shall Doctors Tell the Truth?" which appeared recently in Harper's magazine, Dr. Joseph Collins states the opinion that, "The longer I practice medicine the more I am convinced that every physician should cultivate lying as a fine art." Rather startling, this; and yet we agree with most of the views expressed in the article mentioned.

We cannot argue the long mooted question of whether a lie is ever justifiable; whether the end justifies the means. Certainly the individual who tells the truth in spite of consequences elicits general admiration. Lying generally goes with criminal attributes and no one expects the crook to stand up like a man and tell the truth. On the other hand we sometimes hear the expression, "lie like a gentleman," which presupposes that under certain circumstances to be a gentleman one must lie.

In the many amenities of human association the telling of the whole truth would be boorish. We are reminded of a play in which a wager had been made that a certain individual would not be able to tell the truth for a period of twenty-four hours. The attempt was made and the difficulties encountered were most amusing. If the tactful handling of many every-day situations by incomplete expressions of one's opinions is lying, we are all liars.

After this preamble we come to medical lying as a fine art. Should the physician become an accomplished liar? A careful scrutiny of Dr. Collins' article suggests that he does not really advocate any such thing. The phrase "cultivate lying as a fine art" is apparently a catch phrase to attract the attention and lead the reader to the absorption of some very good ideas. He rightly denounces such lies as pretending to recognize a disease when one is really ignorant, claiming to have effected a cure which Nature has accomplished, and pronouncing a disease incurable without justification.

We take issue, however, with Dr. Collins in his statement that a patient with malignant disease in its early stages should never be told the real nature of the disease. We hold that if the diagnosis is uncertain but the possibility of malignancy exists he should be told just that, so that the proper steps will the more likely be taken to effect a cure. And if the pathologist's report confirms the suspicion of malignancy, he may as well know the truth so that he will take proper follow-up treatment. If no recurrence occurs his knowledge of the truth has done him no harm and may have been of assistance in effecting the cure. If recurrence comes, he will know the truth in spite of deception, as the author admits.

Perhaps it is fortunate that medicine is not an exact science. There is always a chance and much more of a chance than we like to admit that a diagnosis may be wrong. This is a truth that at times offers a ray of hope and may well be told the patient, which all goes to show that the practice of medicine is still much of an art. In the handling of the many tragic situations which confront patients there is much room for tact on the part of the physician. He must be truthful, however, in all his professional relations to maintain the confidence placed in him as a counsellor and friend.

Infected Fish

It is difficult to estimate the seriousness of the situation to which Dr. Magath calls attention in his preliminary report on Experimental Studies on *Diphyllobothrium latum* which is reprinted in this number of MINNESOTA MEDICINE. That fish in various localities, notably in the lakes of Yellowstone National Park, are infected with parasites of various sorts which make them in-

edible has been rather generally known. But that the trout, pickerel, pike and perch in some of our Minnesota lakes are infected anywhere from 10 to 100 per cent by a parasite which when ingested by man may develop into an intestinal parasite is unwelcome news. The fact that thorough cooking of the fish eliminates the danger of human infestation does not, however, solve the problem, for no one wants to eat infected fish any more than measly pork.

The first step in the clearing up of such a situation is to have its existence pointed out. This has been done by Dr. Magath. The next step would seem to be the determination of the extent of the infestation. The prevention of any extension of the unfortunate situation would naturally hinge on the control of pollution of lakes and streams, particularly in the northern part of the state.

It is rather gratifying to learn that the State Board of Health with the authorization and assistance of the federal government has already begun a general survey of the whole subject of the pollution of waterways throughout the state to determine what regulations are advisable in the interests of health and from the standpoint of the fish themselves. The investigation is to be conducted in conjunction with the Department of Fish Propagation of the State Game and Fish Department, which will attack the general subject of pollution from the standpoint of the welfare of the fish.

If funds were at hand the services of a trained parasitologist would be of great value in conjunction with this survey. Of particular importance is the study of parasites in fish in connection with their pathogenicity to human beings and animals.

Here is an important problem to be attacked from every possible standpoint, not only in the interest of health but in the furtherance of the great sport of fishing.

THE JOY BEANS LABORATORIES FRAUD

One Frank Beeland of Cairo, Illinois, exploited an indecent piece of quackery under such trade names as "Joy Beans Laboratories" and "Beland Laboratories," selling a preparation called "Joy Beans" as a sexual tonic. Beland had no medical or professional training; his nostrum was put up for him by Eli Lilly and Company, Indianapolis. Beland's exploitation of this aphrodisiac was found fraudulent by the post office authorities and was barred from the use of the mails. (Jour. A. M. A., July 16, 1927, p. 225.)

OBITUARY

Dr. Peder A. Hoff

Dr. Peder A. Hoff, of St. Paul, died of a heart attack at his home Monday, September 5, following a short illness. Dr. Hoff was one of the best known specialists in the Northwest in heart disease, this being the particular branch which he had studied, taught and practiced for more than 30 years.

Following his graduation from the University of Minnesota medical school in 1900, Dr. Hoff took a post-graduate course in internal medicine at the Harvard medical school and did further work at the University of Vienna.

Returning to St. Paul he taught internal medicine at the University of Minnesota for 15 years. During this time he was also a member of the visiting staff of the city and county hospital, now Ancker hospital. Then he entered private practice.

Dr. Hoff has been a member of the St. Luke's hospital staff for 27 years. He was a member of the American Medical Association, the Minnesota Medical Association, and the Ramsey County Association.

He is survived by his widow, three brothers, Dr. Alfred Hoff, Christopher Hoff, and Charles S. Hoff, all of St. Paul, and two sisters, Mrs. H. M. Hillestad, St. Paul, and Mrs. D. N. McCall, Edmonton, Alberta.

Dr. A. L. Travis

Dr. A. L. Travis, a Minneapolis physician for the past sixteen years, died Tuesday, August 16, at the age of 66 years.

Dr. Travis was born in Wisconsin and received his elementary education in the public schools of that state. He was a graduate of the University of Wisconsin and of Rush Medical College in Chicago. He was a member of the Hennepin County Medical Society and the Minnesota Medical Society. During the war he was a member of the Volunteer Medical Service Corps.

Surviving are two daughters, Gladys Lucile Travis of Minneapolis and Mrs. C. I. Evanson of Moorhead; one son, Myrwood James Travis of Minneapolis; and three sisters, Mrs. William Williamson and Mrs. William Ames of Oregon, Wis., and Mrs. Sarah Siggelkow of Franklinville, N. Y.

Dr. John J. Platt

The funeral of Dr. John J. Platt, who was a major in the Army Medical Corps in the World War, took place Wednesday, Sept. 14, 1927, in St. Paul. Dr. Platt died September 12, following a long illness.

COMMUNICATIONS

August 26, 1927.

To the Editor:

For the past eight years I have been studying *Diphyllobathrium latum* in this State. It has been established that there is at least one endemic region in this State in and around Ely. This summer I succeeded in proving that larvæ which I first found in certain fish in these lakes in 1925 were the larvæ of *Diphyllobothrium latum*. It is evident therefore that the life history of this worm is being carried on in Minnesota. This had been thoroughly demonstrated by Dr. Nickerson with the assistance of Dr. Parker of Ely but no one before this summer had identified with certainty these larvæ in any waters of the United States. The importance of this is apparent, for it is evident that, if the condition is allowed to exist, it will not be long before more of our lakes are infected.

I am writing to you that you may call the matter to the attention of the medical profession in this State and that they may be urged to coöperate with any authorities in the State who may aid in eradicating the infestation. I shall recommend that the disease be made a reportable one, that a survey of the lakes be made to determine the degree of infestation, that persons harboring the tapeworm be required to take treatment and that they verify the treatment with negative stools, that sewage be not emptied into the lakes and streams of Minnesota and that an intensive campaign in Ely be undertaken with a view to teaching people to cook fish well before eating it and to avoid cold smoked perch, pickerel, pike and trout or salted fish of these species.

The writer wishes here to thank Dr. John Thompson and Dr. O. W. Parker of Ely, whose splendid cooperation has made this work possible.

I should appreciate your publishing this note in your Journal.

Fraternally yours,

T. B. MAGATH, M.D.

Olivia, Minn., Sept. 8, 1927.

To the Editor:

Referring to your editorial "Contract Practice," and quoting from same, "as far as we know, no other county society in the state has as yet adopted a fee schedule," permit me to state that I have on file in my office a fee schedule of the Camp Release District Medical Society dated January 23, 1908, and am taking the liberty of sending you a copy of our revised fee bill, adopted September 3, 1926.

Sincerely,

A. A. PASSER, M.D.
Pres. Camp Release District
Medical Society.

MISCELLANEOUS

EXPERIMENTAL STUDIES ON DIPHYLLOBOTHRIUM LATUM*

PRELIMINARY REPORT

T. B. MAGATH, M.D.
Rochester, Minn.

Because of the severe anemia which sometimes accompanies infestation with *Diphyllobothrium latum* and the rather widespread distribution of the parasite without reference to the tropics, the disease produced by this worm has been the subject of many studies. From the zoologic standpoint the worm is of exceptional interest, because for its life history two intermediate hosts are required and also the worm is thought to be a representative of one of the more simple types of parasitic flat worm and is usually accorded a place not far removed from the trematodes and cestodaria.

All told, there have been perhaps not more than 200 cases recorded from North America, and it is generally thought that most if not all of these cases originated in Europe. However, in 1906 Nickerson reported the case of a child two and a half years old, who was born and had lived all his life in Ely, Minnesota. The child's parents were Finnish. Following this eight other cases have been reported in persons born in the United States, three of which originated in Ely, Minnesota.

In reviewing the distribution of the worm, in conversation with many physicians who visit the Clinic every year, and from a study of the cases in the Clinic, it became evident that there are at least two endemic regions in North America, one of which is in and about Ely, Minnesota, and the other in Winnipeg. It is further evident that many more cases than were formerly suspected originated in North America, for a study of the case history showed that the duration of the infestation was so short as compared with the total length of residence in North America that it is impossible to think that these patients brought the worm with them to this country.

In the summer of 1925, I made a preliminary study of the situation in and about Ely. Mining operations in Ely began about 1888. At that time the first migration of Finnish people coming up through Duluth spread into the Iron Range. It was followed 25 years later by the second influx of Finnish people together with Slavonians. Some of these Finlanders continued on into Canada and many have settled in and about Winnipeg. The Finnish people are primarily fishermen, and Finland presents much the picture of northern Minnesota with its many lakes. The fishes of the Finnish lakes are infested with the larvæ of Diphyllobothrium and the incidence of Diphyllobothrium infestation in Finland is extremely high. Many of these Finlanders stated that when they came to this country they harbored the broad tapeworm, while others insisted that they became infested after reaching the

*From the Proceedings of the Staff Meetings of the Mayo Clinic, August 3, 1927.

State of Minnesota. There are without question many persons in Ely who are infested that were born and raised there, as in the case reported by Nickerson. The Finlanders are great fish eaters and the nearer the fish is raw, the better they like it. One Finlander remarked that he was in the habit of not taking lunch on a fishing trip, being satisfied by the raw fish he caught. A common dish is fish which has been salted in brine for twenty-four hours and cut up with green peppers, cabbage, and cucumbers.

The sewage disposal in the city of Ely has been satisfactory during the last three and a half years. However, previous to that time the settling tank was incapable of taking care of the sewage, so that raw sewage was emptied into the lake; and since the incidence of infestation in the city was high, perhaps as high as 10 per cent, it is certain that countless numbers of tapeworm eggs daily went into the lake.

The life history of *Diphyllobothrium latum* was worked out by Janicki and Rosen in 1917. They showed that after the eggs hatched, which takes from nine to fourteen days, a ciliated embryo known as an oncosphere makes its way out from one pole of the egg. It is necessary that this minute animal find its way into its first intermediary host, which is a small plankton form known as cyclops. There are many species of cyclops but these investigators were able to infest only one. The larva bores through the intestine of the cyclops and finds lodgment in its body cavity. There it undergoes certain development and after about two weeks is ready to infest a suitable fish. The fishes that are capable of taking the infestation are pike, pickerel, perch, and trout. In these fishes the larva finds its way into the muscles and there remains as a tiny, white worm, unencysted. When these worms are eaten in uncooked fish or underdone fish the larva finds lodgment in the ileum and grows into the adult tapeworm. Dogs and cats may be infested as well as man.

While it had been known that people born and living in America could become infested with this tapeworm, no one had established the fact that the life history was being carried on in our American waters. Nickerson reported that larvæ were encountered in the fish of the Great Lakes, but these larvæ had no morphologic characteristics by which they could be identified. It therefore became of utmost importance to establish the fact that the life history was actually being carried on in our American waters and that our native Americans were not being infested by eating imported fish. Consequently during this summer I undertook to investigate the problem further in connection with Dr. H. B. Ward and Dr. Hiram Essex of the University of Illinois. Dr. Essex has concerned himself primarily during the summer with carrying on the early life history stages of this worm. His results will be reported at a later date. I have concerned myself with the study of the incidence of infestation in the city of Ely and the identity of the larvæ found in these fishes.

A study of several of the lakes has been made and in general it may be stated that the fishes of the lakes nearest large settlements such as Ely are more heavily infested than those of the lakes away from the beaten path. For instance, no larvæ were found in wall-eyed pike taken from Twin Lakes, which is far removed from settlements. The pike and pickerel of Burntside Lake are not heavily infested; only about 10 per cent are infested and the number of larvæ found in each fish is small. Every pike and pickerel from Long Lake, on which Ely is situated and into which the Ely sewage is discharged, was infested with larvæ, some having as many as twenty larvæ. These vary in size from 3 mm. to 2 cm. long, and are about 0.6 mm. wide. They are characteristically found with the head end making a loop so that the head is bent back and lies about midway of the length of the body of the worm. They show the typical bothria on the head.

These larvæ were fed to dogs who had been carefully studied to make sure that they were not infested with

Larva of Diphyllobothrium latum from Esox lucius of Long Lake.

Diphyllobothrium latum. To make doubly sure, the dogs were given three doses of anthelminthic before the administration of the larvæ. The larvæ were fed in bits of fish muscle and the first experiments are just completed.

July 5, a dog was fed four larvæ obtained from a pickerel at Long Lake. On August 1 his stools showed numerous Diphyllobothrium ova. The dog was killed and attached in the middle portion of the ileum were four specimens typical of *Diphyllobothrium latum*, the longest measuring three feet. The terminal segments were on each worm. This proved beyond a shadow of a doubt that the life history is being carried on in American waters, and that the Ely region is heavily infested.

The question arises as to whether the infestation was present before the Finlanders came to Ely or whether they brought the worm there. The answer to this question seems to me to be obvious. If the infestation was present before the Finlanders arrived, one should have to imagine some other mammalian host carrying on the life history, and previous to 1888 there were

relatively few people living in and about Ely. This animal could not have been the dog or cat, since there were, of course, relatively few of these animals there. It would, therefore, have had to be carried by a wild mammal. Now that the region of Ely has become rather thickly populated, these wild animals are no longer present except rarely, and so the infestation in the lake should have cleared up by now. Also the infestation should have been found in other lakes and fresh water rivers, and so far this has not been a striking fact. It seems, therefore, certain that the infestation was brought into the Ely region by the Finlanders and that the discharge of raw sewage into the lakes of that region has resulted in the infestation of the fish. The habit of eating the fish raw has kept up the infestation and the form which is *Diphyllobothrium latum* has been brought to America and implanted here. Now that it is proved the life history of this parasite can be completed in North America, there is no reason why any lake may not have infested fish if eggs find their way into it, and the proper intermediate hosts are there. Thus, the remaining native cases reported from the Great Lakes region are explained on the basis of the fact that many Finlanders are running fishing boats on the Lakes and many are undoubtedly infested. An endemic region will be established only where there are many people who eat their fish raw and where several, at least, are infested in the beginning.

Four specimens of Diphyllobothrium latum recovered from a dog fed with larvæ from Esox lucius.

The ability to obtain infestations in dogs makes it possible to study many of the interesting problems connected with this disease, and it is hoped that this will be but the beginning of a long series of studies which will result from these experiments.

This work could not have been brought to a successful ending had it not been for the splendid coöperation of Dr. O. W. Parker and Dr. John Thompson of Ely, who helped in a countless number of ways.

REPORTS AND ANNOUNCEMENTS OF SOCIETIES

SOUTHERN MINNESOTA MEDICAL ASSOCIATION ANNUAL MEETING

September 30—October 1, 1927
Austin, Minnesota

PROGRAM

September 30, 1927—Afternoon Session.
1:00 p. m.—Session opens.

Presentation of Cases—Two hours

W. P. Larson, M. D., Professor Bacteriology and Immunology, University of Minnesota, Minneapolis, Minnesota: "Malta Fever."

T. B. Magath, M.D., Mayo Clinic, Rochester, Minnesota: "The Broad Tapeworm (*Diphyllobothrium latum*) in Minnesota." (With lantern slide illustrations.)

R. G. Green, M.D., Assistant Professor Bacteriology and Immunology, University of Minnesota, Minneapolis, Minnesota: "Tularemia in Minnesota."

S. A. Slater, M.D., Worthington, Minnesota: "The Physician and the Sanatorium."

R. N. Andrews, M.D., Mankato Clinic, Mankato, Minnesota: "Congenital Pyloric Stenosis."

W. Ray Shannon, M.D., St. Paul, Minnesota: "Intussusception in Children—Eight Unusual Cases."

S. W. Adler, M.D., Winona Clinic, Winona, Minnesota: "Poliomyelitis."

BANQUET—7:00 p. m.

Toastmaster: President H. T. McGuigan, Red Wing, Minnesota.

Speakers:

Address of Welcome by the Mayor of Austin.

W. J. Mayo, M.D., Mayo Clinic, Rochester, Minnesota.

H. Berglund, M.D., Department of Medicine, University of Minnesota, Minneapolis, Minnesota: "Pernicious Anemia."

RECEPTION.

October 1, 1927—Morning Session.
8:30—President's Address.
H. T. McGuigan, M.D., Red Wing, Minnesota.

J. Jay Keegan, M.D., Dean University of Nebraska, Omaha, Nebraska: "Trends in Medical Education and Medical Practice."

H. L. Beye, M.D., Professor of Surgery, University of Iowa, Iowa City, Ia.: "Un-united Fractures of the Tibia—Etiology and Treatment."

H. T. Jones, M.D., Mayo Clinic, Rochester, Minnesota: "Burn Contractures of the Axilla."

Paul W. Giessler, M.D., Minneapolis, Minnesota: "Some Internal Derangements of the Knee Joint."

W. L. Benedict, M.D., Mayo Clinic, Rochester, Minnesota: "Foreign Therapy in Ocular Diseases."

William H. Howard, M.D., Nicollet Clinic, Minneapolis, Minnesota: "Some Phases in the Diagnosis and Treatment of Maxillary Sinusitis."

E. L. Schield, M.D., Mankato Clinic, Mankato, Minnesota: (Subject not announced.)

Herman J. Kooiker, M.D., Albert Lea, Minnesota: "Diathermy and Physical Agents in General Practice."

J. F. Smersh, M.D., Owatonna, Minnesota: (Subject not announced.)

H. C. Habein, M.D., Mayo Clinic, Rochester, Minnesota: "Perinephritic Abscess."

LUNCHEON:
Address by C. B. Wright, M.D., President-Elect Minnesota State Medical Association, Minneapolis, Minnesota.

OF GENERAL INTEREST

Dr. Emil S. Geist of Minneapolis has returned from three months' travel in Europe.

Dr. Oscar Esser, graduate of Marquette University, has located in New Ulm for the practice of his profession.

Dr. and Mrs. O. C. Strickler, who spent the winter and part of this spring in California, have returned to New Ulm.

Dr. O. B. Bolibaugh, a major in the Medical Corps of the United States Army, has been assigned to duty in the Mayo Foundation.

Dr. D. Heetderks is now established in offices at 405 Medical Arts Building, Grand Rapids, Michigan, for the practice of otolaryngology and oral and plastic surgery.

Dr. Alfred Desloges of Rochester has been granted leave of absence for two years to avail himself of a fellowship in ophthalmology in Paris awarded him by the University of Montreal.

Dr. Owen Wangensteen, of Minneapolis, has left for Europe, where he will spend the next year, studying in various clinics. He will spend some time at the Insel-Spital in Berne, Switzerland.

Dr. C. W. Paulson has sold his practice at North Branch and is now engaged in post-graduate study in Chicago. Dr. D. E. Nelson has taken over Dr. Paulson's practice at North Branch.

Dr. Albert Fritsche of New Ulm, who went to Europe last January to attend clinics at Berlin, Vienna, and other points, returned to his practice at New Ulm during the middle part of August.

Announcement has been made of the marriage in August of Dr. C. O. Heimdal of Rochester and Miss Emma Goodfellow in Superior, Wisconsin. Dr. and Mrs. Heimdal will make their home in Rochester.

Dr. F. J. Hirschboeck, Duluth, was elected president of the Northern Minnesota Medical Association at its meeting held September 12 and 13 in St. Cloud. Dr. A. J. Lewis of Henning was named vice president and Dr. M. Oppegard, Crookston, secretary-treasurer. Fergus Falls was awarded the 1928 session.

Dr. and Mrs. Franklin Strickler of Sleepy Eye spent part of the summer with their daughter on the Pacific Coast. While there, the doctor became seriously ill and had to dismiss plans of an extended trip to Alaska, and was brought back to Rochester, Minn., where he is undergoing treatment.

The publication of "Parent Education," the volume covering the Proceedings of The Northwest Conference on Child Health and Parent Education, held in Minneapolis last March, is announced by The University of Minnesota Press. Orders are being received by The Editor, University of Minnesota Press, Minneapolis.

At the September meeting of the Minnesota Academy of Medicine, Dr. John E. Hynes of Minneapolis was elected president; Dr. C. N. McCloud of Saint Paul, vice president, and Dr. Carl B. Drake, Saint Paul, was re-elected secretary-treasurer. Dr. H. F. Helmholz, of Rochester, and Dr. F. J. Hirschboeck, of Duluth, became associate members of the Academy.

The marriage of Miss Katherine E. Scott of Duluth and Dr. George D. Eitel, nephew of Dr. and Mrs. George G. Eitel, of Minneapolis, took place at the home of the bride's parents in Duluth, in September. Dr. and Mrs. Eitel sailed September 13 for Europe, where Dr. Eitel will spend a year in post-graduate study in surgery at Berne, Vienna, Berlin and Munich.

The Kansas City Annual Fall Clinical Conference is to be held this year in conjunction with the meeting of the Inter-State Post Graduate Assembly meeting at Kansas City, October 17 to 22, inclusive. Announcement has also been received of the third annual meeting of the Ensworth-Central Medical College Alumni Association, which will be held October 22 at Kansas City, at the close of the Post Graduate Assembly meeting.

CHANGES IN THE STATE DEPARTMENT OF HEALTH

Division of Venereal Diseases:—The State Board of Health is operating the Division on a tentative program to meet the cut in appropriation to $17,500 per annum. This cut necessitated discontinuance of venereal disease education work to which Miss Mildred Smith, R. N., had devoted half of her time.

The Board was obliged to discontinue the services of Dr. Davis Stern, who has had charge of the laboratory and field epidemiological work, also the services of Mrs. Catherine Olinger, who has done the follow-up work in St. Paul, and Miss Ruby Applebee in Minneapolis. The Minneapolis venereal disease ordinance went into effect July 1, 1927, and the Minneapolis Health Department is in a position to handle the follow-up of venereal disease cases there. Thus far, owing to the lack of funds, no arrangement has been effected for follow-up work in St. Paul. Dr. B. F. Simon is making every effort to continue Mrs. Olinger's services in St. Paul and Ramsey county.

The clerical staff of the Division has been reduced and if case reports on laboratory specimens are not received promptly the Board trusts that physicians will appreciate its position and understand that the delay is unavoidable.

In August, 1927, 3,633 blood specimens for Wassermann tests were received. 64 were unsatisfactory. Of the 3,569 examined 14.7% were positive. In addition, there were 89 spinal fluids and 674 smears for gonococci. To September 15th, there has been a marked increase in the number of containers requested by physicians throughout the state.

Dr. H. G. Irvine, who organized the Venereal Disease work in Minnesota and has been part time Director of the Division since its establishment by the Board, continues nominally as Director without salary.

In view of the circumstances Dr. Irvine has consented to handle certain technical matters for the Board since the Board has no physician with special training in venereal disease lines, but he is doing this at odd times in order not to take any regular time from his private practice.

Dr. Irvine's voluntary service is greatly appreciated by the Board under the circumstances, and particularly since his income from private practice would have been much larger than the salary paid by the Board for services with the Division.

Division of Child Hygiene:—Dr. Ruth E. Boynton, who joined the Division to make a survey of the midwife situation in coöperation with the State Board of Medical Examiners in 1923 and then succeeded Dr. Everett C. Hartley as Director October 16, 1923, submitted her resignation as of October 1, 1927, to accept a position at the University of Chicago in charge of the Women's Division of the Students Health Service. Dr. Boynton also will serve as Assistant Professor of Clinical Medicine in the University of Chicago Medical School.

In order to carry out the work which the Board has planned for the immediate future a knowledge of conditions throughout the state and acquaintance with individuals, medical and non-medical, interested in maternal and infant hygiene was essential. Fortunately, Dr. Everett C. Hartley understood the circumstances fully and through his interest in the Division's program acceded to the request of the Board to give half time as Director of the Division. The Board desires to complete the organization of the County Administrative Boards for Maternal and Infant Hygiene throughout the state and to assist these Boards in putting their own programs into effect on a permanent basis. Dr. Hartley's previous service makes this possible through his knowledge of conditions. Otherwise the loss of Dr. Boynton at this time would be disastrous.

Arrangements for the study of maternal deaths in Minnesota in accordance with the resolution of the House of Delegates of the State Medical Association are about completed. Statement covering this work can be made in the next issue.

Division of Sanitation:—Mr. James A. Childs, Senior Sanitary Engineer, in the service of the Board for over eighteen years, was elected unanimously by the Metropolitan Drainage Commission as Chief Sanitary Engineer and Executive Officer, salary $6,500 per year.

Mr. Childs was induced to accept a leave of absence rather than to sever his connection with the Board.

The Metropolitan Drainage Commission will probably have offices on University Ave. near the Saint Paul city limits, so contact with Mr. Childs will not be lost and his very valuable service may at times be secured.

Mr. Childs had personal supervision over the sanitary survey of summer resorts authorized by Governor Christianson and conducted between June 1 and September 1, 1927. Three hundred twenty-two resorts were investigated. Three sanitary engineers, all University men, were temporarily employed for this work. Unfortunately all resorts could not be included in the survey and no tourist camp investigations could be made. However, orders were issued regarding water supplies and disposal of sewage and other wastes and investigation was made of milk supplies of the resorts. A plan is now being worked out giving suggestions for improvement of the milk supplies during the coming season.

This very important work was financed by balance in the funds of the Division of Hotel Inspection released by the Governor's order through the Department of Administration and Finance.

PROGRESS

Abstracts to be submitted to Section Supervisors.

Members are urged to abstract valuable articles which they run across in their reading and send the abstracts to the physicians in charge of the respective sections. In order to avoid duplication it would be well to communicate with one of the section supervisors before the article is abstracted.

MEDICINE

SUPERVISORS:
F. J. HIRSCHBOECK,
FIDELITY BLDG., DULUTH
THOMAS A. PEPPARD,
LA SALLE BLDG., MINNEAPOLIS

THE EFFECTS OF TONSILLECTOMY ON THE ACUTE ATTACK AND RECURRENCE OF RHEUMATIC FEVER. Wm. H. Robey and Louis M. Freedman (Medical Clinics of North America, March, 1927). The authors believe that complete enucleation of tonsils offers the best preventive of rheumatic fever and rheumatic heart disease, and the repeated history of sore throats is of more importance in deciding upon enucleation than the appearance of the tonsils themselves. Conspicuously diseased tonsils, by examination, should be enucleated in the absence of history of sore throat.

The outstanding point in the paper by these authors is their encouragement to resort to tonsillectomy in patients with acute rheumatic fever, if the disease has a tendency to assume a protracted course. This is done in the face of active fever and joint symptoms. They have noted a prompt subsidence in fever and joint symptoms when tonsillectomy has been performed in these cases.

F. J. HIRSCHBOECK, M.D.

SURGERY

SUPERVISORS:
DONALD K. BACON,
LOWRY BLDG., ST. PAUL
VERNE C. HUNT,
MAYO CLINIC, ROCHESTER

CONGENITAL LUXATION OF THE KNEE. H. W. Spiers (Jour. of Bone and Joint Surgery. 1927, 9, 469-475). The author reports four cases of congenital luxation of the knee. This condition is uncommon but can hardly be classed as a rarity. Mayer in 1912 noted sixty cases in the literature.

The ultimate causal factors are unknown. Unusual presentations at delivery seem to be the rule. The sex seems not to be a factor of importance, differing in this particular from congenital hip dislocations, which predominate in the female.

The upper end of the tibia, and with it the fibula, slips forward, upward and laterally, and the lower end of the femur appears posteriorly and mesially in the popliteal space, where it can be felt and outlined very definitely. The position of the lower leg, the anterior folds of skin, abnormal hyperextension and loss of flexion, with the lower end of the femur displaced, make the diagnosis quite certain even without *x*-rays.

HAROLD E. SIMON, M.D.

THE RATIONAL TREATMENT OF TUBAL DISEASE: C. Jeff Miller (Surg., Gyn. and Obst., July, 1927, 45, 110-114). Miller studied a group of 600 recent cases of tubal disease and found the criteria upon which delayed operation is based disregarded in 381. He answers the arguments for immediate operation by the results in this group.

Miller found 82 cases with postoperative complications, 59 of these in cases operated upon early, or "improperly cooled." There was less febrile reaction in those with delayed operation and their postoperative hospital stay was shorter. There were 18 deaths in the 600 cases, 16 in the group of 381 uncooled (4.2%), and 2 in the 219 "cooled" (1%). In a series of 1,083 cases treated expectantly (Holtz), 12 per cent of pregnancies ensued, there were 82 per cent cures, and only 2 per cent were entirely unrelieved. Technical difficulties are not as great in the deferred operation. The only argument admitted in favor of immediate operation is that frequently social or financial conditions will not permit the necessary period of rest.

The deferred operation is favored because of three points: (1) salpingitis is an infectious disease, with the gonococcus responsible for most cases, and autosterilization occurs in at least 70 per cent; (2) spontaneous clinical recovery may ensue in any type, especially the milder; and (3) involvement of the peritoneal cavity, or death during an acute attack, is unusual. Deferred operation carries no additional risk.

The cardinal point in Miller's routine treatment is absolute rest in bed during the acute attack, and until the temperature has been normal for ten days. Bimanual examinations check the course of the disease, with attention to temperature fluctuation afterward, and regular white counts. He gives ice caps and opiates for pain, gently given enemata or mild laxatives; not drastic cathartics. Hot vaginal douches may add to the comfort. Fluids are forced. With this treatment he expects 15 per cent permanent spontaneous cures. In 10 per cent, operation is indicated as soon as the acute attack subsides. Radical surgery frequently is indicated because of unwise management.

The extent of surgery depends upon the pathology, the age, and social condition of the patient. Usually in

tuberculous or specific infection both tubes must be removed. Hysterectomy should be done only when the uterus is directly implicated. Oöphorectomy is indicated when the ovary is directly involved, is riddled with cysts, or when its blood supply has been damaged. Removal of the primary focus may relieve the ovary of an acquired inflammation.

Splitting or drainage of the tube, or partial salpingectomy are opposed.

JOHN H. BOWLES, M.D.

THE MECHANICS OF THE PATELLA: J. Clark Moloney (Jour. Bone and Joint Surgery, 1927, 9, 476-481). The patella may be congenitally absent and associated with remote grotesque deformities and marked impairment in the function of the knee joint. Sometimes the patellar absence is hereditary, traced occasionally as a sex-linked character associated frequently with absent thumb nails, and marked by no demonstrable impairment in joint function. The fact that athletes, soldiers, mountain climbers have belonged to this latter group has led some observers to question the patella's mechanical worth.

It has been argued that the patella, perhaps, adds nothing to the mechanical efficiency of the joint, since the giant kangaroo, which would be more in need of a patella than man, has none.

The author concludes from a careful study of the geometrics involved that the patella adds considerable to the efficiency of the knee joint by increasing the distance between the axis of rotation of the tibia and the line of direction of the force that pulls on the tibial tubercle by means of the patellar ligament, thereby decreasing the magnitude of the force factor in the product that gives the moment of force, sufficient to rotate the tibia.

HAROLD E. SIMON, M.D.

BOOK REVIEW

THE CLINICAL INTERPRETATION OF BLOOD CHEMISTRY. Robert Kilduffe. 186 pages. $2.50. Philadelphia: Lee and Febiger, 1927.

Ever since blood chemistry has been moved from the experimental field and made a diagnostic procedure the medical world has needed just such a book as this. Various articles in modern medical books and current medical literature have been available on the subject but each seeker for information has hunted through a mass of complicated technic, comparison of methods and diversity of opinion, for a few facts. In this small volume of about 186 pages Dr. Kilduffe has presented only the bare essentials of the subject. Although he, himself, is a laboratory man he omits all technic but, for each subject, gives a discussion of the clinical interpretation, the normal values, the significance of both increased and decreased amounts, and a complete bibliography for those who wish further details.

At the end is given the dietetic management of metabolic conditions, management of diabetic patients and use of insulin; with charts and tables of food values, normal heights and weights, maintenance diets and methods of calculating diabetic diets. The internist may have this subject so well in hand that he will find little of interest in the book but to hundreds of other medical men it will offer a welcome helping hand. To the general practitioner, to the busy specialist, to the older man trying to keep abreast of the bewildering advances in medicine, to the recent graduate who is as yet somewhat confused by the bulk of knowledge just acquired, this little book will give the largest amount of concise information in the smallest amount of space or time. It should be available to anyone who is engaged in any branch of the practice of medicine.

MARGARET WARWICK, M.D.

Minnesota State Medical Association

FIFTY-NINTH ANNUAL MEETING

June 30, July 1 and 2, 1927

DULUTH, MINNESOTA

PROCEEDINGS OF THE HOUSE OF DELEGATES. FIRST MEETING—THURSDAY MORNING, JUNE 30, 1927

The meeting of the House of Delegates in connection with the Fifty-ninth Annual Session of the Minnesota State Medical Association, June 30 to July 2, 1927, held in the Duluth Hotel, Duluth, Minnesota, convened at eighty thirty-five o'clock, Dr. W. F. Braasch, President, presiding.

PRESIDENT BRAASCH: This house is so orderly and harmonious that we don't even need a gavel, so we will proceed without any apparently.

May I call attention to the fact that the Committee on Credentials has been appointed and consists of Dr. Hunt, Dr. Stewart, and Dr. Schuldt; and I believe they are officiating now. Later on we will get a report from them, but at the present time we will proceed with the other items of business.

We have as guests of our Society this year, Dr. R. R. Ferguson, of Chicago; Dr. H. M. Stang, representing the State Medical Society of Wisconsin; the delegate from the Dental Association, Dr. W. J. Hartung; the delegate from the Druggist Association, Mr. H. Martin Johnson. Are any of these gentlemen present? If so, will they kindly arise?

They will be in a little later and we will extend our official greeting at that time.

It has always been understood that no one could be present at a meeting of the House of Delegates unless he was a member of this Association or an invited guest.

We will next proceed with the reading of the minutes of the last session. It will be in order, therefore, to accept the minutes of the last session as transcribed by the official reporter and published in main in MINNESOTA MEDICINE, October, 1927. A motion to accept these officially is in order.

DR. E. R. HARE (Minneapolis): I so move.

The motion was seconded.

PRESIDENT BRAASCH: Are there any remarks or corrections?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: We will listen to the report of the President of the Council.

Dr. H. M. Workman read the report.

REPORT OF COUNCIL

Meeting of the Council, June 30, Hotel Duluth.

Members present: Dr. H. M. Workman, Dr. W. F. Braasch, Dr. L. Sogge, Dr. W. W. Will, Dr. G. S. Wattam, Dr. F. A. Dodge, Dr. W. H. Condit, Dr. F. J. Savage, Dr. M. S. Henderson, Dr. W. A. Coventry, Dr. E. A. Meyerding.

Meeting called to order by Dr. Workman, president of the Council.

Minutes of last meeting read and approved.

Dr. Dodge, a member of the Finance Committee, discussed the proposition of the Minneapolis Trust Company in regard to a Custodianship Account for the permanent fund of the State Medical Association.

Motion was made by Dr. Savage, seconded by Dr. Sogge and carried, that the proposal of the Minneapolis Trust Company be accepted; that the Council empower the Finance Committee to instruct the treasurer to place such funds as belong to the permanent investment fund in the Minneapolis Trust Company for investment subject to the approval of the Finance Committee according to the agreement made.

A discussion was had as to the separation of the books of MINNESOTA MEDICINE and the Minnesota State Medical Association. The chairman of the Finance Committee was asked to take this up with the Editing and Publishing Committee and report at the next meeting. Dr. Wattam suggested that after consultation with the Editing and Publishing Committee the secretary bring the proper motion before the council covering the item of separate books.

The Council recommends that the following changes be made in the constitution and by-laws:

Constitution—Article IV, Section 1. In the second line of the printed copy, after the words "Emeritus Members" and before the words "and Guests" add the words "Honorary Members." The section will then read as follows.: This association shall consist of Members, Delegates, Emeritus Members, Honorary Members and Guests.

Constitution—Article IV, after Section 4, and as Section 5 add the following: "Honorary members shall be those elected to such membership by the House of Delegates on the recommendation of the Council."

Constitution—Article IV. That section which is now section 5 relating to Guests shall be Section 6.

By-laws, Chapter I—Membership—Section 3. In the first line, after the word "Emeritus" insert the word "Honorary."

Constitution, Article VII, Sections and District Societies. In the fourth line of the second paragraph, after the word "such" and before the word "Districts" omit the words "sparsely settled."

Constitution, Article X—Funds and Expenses. Omit the first sentence in this Article which reads "Funds shall be raised by an equal per capita assessment of members." In the second line after the word "The" and before the word "shall" omit the words "amount of the assessment," and insert in lieu thereof the words "Annual Dues." This article will then read as follows: "The Annual Dues shall be fixed by the House of Delegates, etc."

The Council reviewed the reports of the various committees and the resolutions to be presented.

The Council is in sympathy with the work of the Public Health Education Committee and will assist it as far as it can next year.

A vote of thanks is to be given to all committees.

The Council suggests that the Committee on Contract Practice be continued.

The Council suggests that it be authorized to appoint a Committee on University Relations; that this committee will be similar to the Medical School Committee, and that some of the members of the present committee will be retained.

The Council suggests that because of the great value of the Conference of Local Secretaries, that it be repeated annually.

The bill of the attorneys in regard to the Basic Science Bill was approved.

The matter of paying the expenses of the delegates to the A. M. A. was discussed and the Council recommends that it be deferred for another year.

A letter was read from Dr. A. J. Chesley asking that the State Association recommend members of certain counties for appointment by the State Board of Health on the County Administrative Board of the Division of Child Hygiene, and a motion was made by Dr. Coventry, seconded and carried, that it be left to the Councilor of the District to make the recommendation.

The Council recommends that Dr. T. C. Clark of the Soldiers Home, Minneapolis, be made an Emeritus Member—after the adoption of the Constitution.

Information has been received that the Naturopaths are going to put forth an effort to test the validity of the Basic Science Bill, and a motion was made by Dr. Savage, seconded by Dr. Wattam, that if this case is brought up the State Secretary be empowered to employ legal counsel to assist the Basic Science Board in establishing the validity of the law. Carried.

Dr. Braasch stated that Wisconsin is sending a delegate to this meeting of the Minnesota State Medical Association to create a friendly feeling between the Associations and to become familiar with the problems and work of the adjoining state. The Council suggests that the president be empowered to appoint someone to attend the meetings of our adjoining state associations in the same capacity.

Next meeting of the Council, June 30, 4 o'clock, Parlor C.

Meeting adjourned.

DR. H. M. WORKMAN (Tracy): I move the adoption of the report of the Council.

The motion was seconded.

PRESIDENT BRAASCH: Before proceeding with this adoption there are a number of items of considerable interest and considerable importance. You may desire to consider some of them further in more detail.

If there are any remarks, criticisms or corrections to be made, I wish you would feel at liberty to make them.

DR. F. A. DODGE (Le Sueur): The report of the Council was the twenty-ninth instead of the thirtieth.

PRESIDENT BRAASCH: I wish to call attention to some of the points. One is the matter of paying the expenses of delegates to the A. M. A. discussed by the Council. The Council recommends that it be deferred for another year for the reason that the meeting is in Minneapolis next year and of course it will entail no expense so there is no immediate necessity for solving this problem. We might, however, open this matter for discussion and be sure that the Council will be glad to get the counsel and advice of any of you, and have any opinion on this subject.

Some members believe that the members of the House of Delegates of the A. M. A. should have all expenses paid. Some believe that only a part of the expenses should be paid, and others believe that no expenses should be paid. Dr. Meyerding made a survey of the problem some time ago and he found that the reaction from the various states was variable. It might possibly interest you to know what it was. Will you read it?

SECRETARY MEYERDING: The number of states that will pay all the expenses of their delegates, three; those who pay traveling expenses only, one; those who pay nothing, nineteen; those who pay the expense of the secretary, two; those who pay a specific amount, eight; those who pay railroad and Pullman, three; those who do not pay, one; a total of forty-two.

PRESIDENT BRAASCH: In other words, of the entire number of states only twenty paid something and only a small percentage paid all the expenses.

I think Dr. Litzenberg would like to tell us his opinion on the subject.

DR. J. C. LITZENBERG (Minneapolis): Mr. President, Members of the House of Delegates: My term of service as delegate expires with this meeting and therefore I can speak my mind.

I don't believe a state association like this has the right to ask the delegates to spend the amount of money that is necessary for them to be delegates to the A. M. A. over a period of years. The first four years, that is, two terms, of sitting in the House of Delegates of the A. M. A. are simply learning years. You will remember when I made my report last year I said my first year in the House I sat bewildered because I could see how the wires were being pulled but

I couldn't find out who had hold of the other end of them. I don't mean by that that there is any underhanded political wire pulling, but nevertheless in a body like that it is necessary that men of influence run the House of Delegates (if you will permit me to use that term) and it is all right that they should. But a man has to be in that House a long time before he can even find out where the wires go.

I made up my mind that my mission as a delegate there was to come back to this Society and tell this Society that if they wanted to have a member in that House who would have any influence they would have to keep him there for ten or twenty years. I have been in the House four years and the only men who have any influence are the men who have been there a long, long time.

I know one man who has been there twenty-two years, another man eighteen years, and several men eight, ten and fifteen years, and they are the men who have influence.

Every state should pick out its best men for delegates. I can speak my mind because I am retiring this year and refusing election, and I am doing it for the purpose of trying to get the state of Minnesota into the real councils of the American Medical Association. But there is another reason, and that is for the benefit of the American Medical Association, a delegate should not be selected from a floor of a House because a friend gets up and says, "I move that Dr. Jones be made a delegate." The motion is seconded, the secretary is instructed to cast the ballot, the secretary casts the ballot, and you have a delegate.

That is the way I was elected. My friend here nominated me. My enemies didn't want to oppose me in public and I was elected. I wasn't selected. I felt the compliment of being nominated by my good friend here who has been on the Council and interested in the Association, but I didn't feel I was properly selected just the same.

There ought to be a different method of selecting these American Medical Association delegates. The Council, or a committee of the Council, should canvass all the men of this state and pick out a man who can go there and have some influence, a man who can sit in the councils of the A. M. A. and have influence and have something to say. If he can be there long enough so that he has some influence it is all right.

We are all willing to go to the House of Delegates and pay our expenses. It costs about $200 a year, and sometimes more.

Because I am retiring I want to urge this, and there are a good many states—and they are increasing in number—that are paying the expenses. First, we want delegates there who have influence. In order to have influence they must be there over a long period of time. And if they are going to be there a long period of time, this Association should not ask them to pay their expenses. (Applause.)

Dr. F. J. Savage (St. Paul): In the By-laws adopted last year, section 11, chapter 8, there appears this clause: "The Council shall nominate and present to the House of Delegates a list of nominations for delegates to the American Medical Association to be voted upon by the House of Delegates. Additional nominations may be made from the floor of the House."

Dr. J. C. Litzenberg (Minneapolis): I don't think it is wise for the House of Delegates to say they will pay all the expenses of the delegates. I think the necessary expenses of being a delegate, railroad fare and hotel bill, are quite enough. But to let a man bring in an expense account like a traveling man, padded for his hip, all that, of course, we don't want. In other words, there ought to be a limited amount or else a stated amount each year. If one year the meeting is in California, and the next year it is in Minneapolis, the difference is made up. I feel sure the House of Delegates shouldn't pay all the expenses, but it should pay the expense of going there year after year, railroad and hotel.

Dr. F. A. Dodge (Le Sueur): I want to second what Dr. Litzenberg said. Although it won't make much difference this year because the A. M. A. is going to meet in Minneapolis, in order to have it the following year I imagine it would have to come in a By-law and have to be proposed at this session. In order to have that in effect next year it seems to me when the time for new business comes up that ought to be put in this year.

President Braasch: The Council will, of course, act on this matter as the Finance Committee of the House of Delegates, but we shall certainly welcome the advice and opinion of the House of Delegates and act accordingly. If any other member would care to express his opinion I am sure the House will be glad to hear from him on this subject.

Dr. H. M. Workman (Tracy): About this expense, there is one thing the Council wants to call your attention to and that is that Dr. Litzenberg says it will cost in the neighborhood of $200. If you have three delegates there goes $600. As the expenses are increasing all the time, the Council feels we must cut down some place pretty soon. It is a question whether we can afford to add this $600 and we would like to know from this House of Delegates whether they want the Council to do it or not.

President Braasch: Are there any further remarks on the subject?

If not, we will proceed to the consideration of some of the other items.

One that interested me very much was the fact that Wisconsin is sending a delegate to this meeting to show their friendly feeling toward us, to begin with, but primarily so they can get in touch with anything we are doing and help solve their own problems possibly. It seems to me, and it appeals to the whole Council, that we could well adopt the idea and have some representative from our meeting attend the meetings of the neighboring state associations, all of which are progressive, and we could unquestionably pick up something worth while and also bind us a little closer to them in the future.

It seems to me the suggestion was a good one. This report of the Council would empower me to appoint

a representative to attend the meetings of our adjoining state associations in a similar capacity.

Are there any objections or any remarks on this item?

You will also note this point: Information has been received that the Naturopaths are planning to attack the Basic Science Law. Motion was made by Dr. Savage and seconded that if this case is brought up the Association Secretary be empowered to employ legal counsel to assist the basic science board in establishing the validity of the law. That may carry with it some expense, possibly considerable expense, but you can all certainly see the logic of supporting this Science Bill that cost us so much time and effort to put across. It would be very short-sighted business unless we backed it up. I am sure you will all agree on that point.

The Council also suggests because of the great value of the conference of county society secretaries that it be repeated annually. This, of course, meant that the traveling expenses of the county secretaries would be refunded to them. I think the conference of the county secretaries was one of the high lights of the present year. If there is anybody who deserves recognition it is the county secretary. He is the important cog in our whole organization, and if he is a good county secretary the whole state will get credit for it and our state organization is that much stronger. If he is a poor one, we will all suffer.

It seems to me that recognizing the local secretary is a very important step in advance, and I know they got a great deal out of it. They got in touch with the things that were going on and carried back reports of the various activities of our association to the local societies. The Council felt that this conference should be repeated annually, even though it would cost us some money. It cost $265 last year. No graft there.

Are there any suggestions or additions along this line that any of you would care to make?

You will also notice that there is reference made to the Committee on University Relations asking that a new permanent committee be appointed similar to the present Medical School Committee. Some of the members of the present committee will be retained in it.

Although it is hardly within the province of the state association to interfere with the details of the management of the Medical School, nevertheless we should familiarize ourselves with the administration of the school and possibly act in an advisory capacity. However, we should step rather warily and cautiously in this matter, and I am quite certain that such a committee will do so in the future.

We will hear more from this subject when we come to consider the report of the University Committee by Dr. Kennedy, the secretary.

Are there any further questions to be asked on this Council Committee report before I submit it to vote?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: The next item of business will be the adoption, rejection or amendment of the various reports. This year we have expedited matters considerably by having the reports of the various committees printed and sent to every member of the House of Delegates two weeks before the meeting and you have had an opportunity to go over them. You doubtless are familiar with the contents of all the committee reports so it will be quite unnecessary to read them. In this way we will be able to save much time and effort. I will, therefore, not call upon the various officers and committee men to read these reports but I will ask them to make any comments they care to and also any changes or alterations. The subject of the report is also up for your consideration, for criticism or commendation as you may see fit.

There is another thing, too. A new method of conducting business has been adopted this year. A committee has been appointed to whom all resolutions will be referred, which I am sure will expedite matters.

We will now consider the report of the Secretary.

REPORT OF THE SECRETARY

Active membership of this Association, June 15, 1927, was 1,985. This is an increase of 66 members over the same date last year. The State Secretary wishes at this time to thank the secretaries of the component Societies, upon whom falls the real work of the Association, and to whom should go the large share of the credit for successes of the Association for the year.

Although the dues this year were increased, they came in more rapidly than ever before in the history of the Association. The Minnesota State Medical Association ranks high in the American Medical Association for the prompt collection of dues.

Following is a list of the membership by Societies.

	Members
Blue Earth County Medical Society	31
Blue Earth Valley	22
Camp Release District	47
Central Minnesota District	18
Chisago-Pine County	16
Clay-Becker County	18
Dodge County	8
Freeborn County	20
Goodhue County	15
Hennepin County	467
Houston-Fillmore County	22
Kandiyohi-Swift County	14
Lyon-Lincoln County	19
McLeod County	15
Meeker County	10
Mower County	23
Nicollet-LeSueur County	16
Olmsted County	263
Park Region District and County	40
Ramsey County	317
Red River Valley	56
Redwood-Brown County	25
Rice County	24
St. Louis County	181
Scott-Carver County	20
Southwestern Minnesota	51
Stearns-Benton County	42

Steele County		13
Upper Mississippi	One deceased	68
Wabasha County		12
Waseca County		9
Washington County		14
Watonwan County		6
West Central Minnesota		25
Winona County	One deceased	22
Wright County		16

On December 31, 1926, the total membership numbered 2,014. This year it will, no doubt, exceed that number greatly. The Secretary, through the local secretaries of the various county medical societies, attempts each year to get a check upon the ethical practising physicians in Minnesota who are not members of their county and state Association. These are the men we must work on. It is our aim to have every ethical practicing physician in the State of Minnesota a member of our Association.

SECRETARIES' CONFERENCE

A Conference of the Secretaries of Component Medical Societies was held at the Saint Francis Hotel, February 8, 1927. This conference was held in conjunction with the Legislative Committee and nearly every local society was represented. Problems peculiar to their office were discussed by those in attendance. All who attended this meeting believe it was of great value and that it should be repeated in future years.

PUBLICITY CHAIRMEN'S CONFERENCE

A Conference of the Publicity Chairmen of local societies was held at the Saint Francis Hotel, March 17 in conjunction with the Legislative Committee. This conference was called by Dr. George Earl, Chairman of the Public Health Education Committee. The Public Health Education Committee are planning an extensive program and are carrying their activities to all local societies.

PASSAGE OF THE BASIC SCIENCE BILL

The outstanding feature of the work of the Association for the past year was the passage of the Basic Science Bill and the Medical Practice Act. This was made possible by the coöperation of the entire medical profession in the state; by the prompt collection of dues by the local secretaries; by the very able chairman of the Legislative Committee, Dr. H. M. Johnson, and by his fellow committeemen; and by the coöperation of the officers and councilmen of the State Association. The Basic Science Bill and the Medical Practice Act did not constitute the entire work of the Legislative Committee. It was necessary that someone be present at every session of the Legislature in order to see that action was promptly taken against Bills which were introduced which would defeat the purpose of the Basic Science Act. You are all more or less familiar with the Naturopath Bill—a bill which would have made the Basic Science Bill practically worthless. The Committee worked very hard to prevent the passage of this Bill. Legislation of this sort makes it imperative that this Association have a full time man at every session of the Legislature.

COMMITTEES

The Council and the Committees have given an unusual amount of their time to the work of the Association. Everyone knows of the enormous amount of time that the Legislative Committee has given during the past year and more. There have been numerous meetings of the Program Committee with the resulting excellent program. The Chairman of the Public Health Education Committee has traveled throughout the State visiting societies and groups of physicians. The excellent reports which will be presented here by the other Committees speak for their endeavors. The State Secretary has attended on an average three committee meetings a week since the first of the year. The interest of the members of the Committees may be used as a criterion of the interest of the membership.

UNETHICAL PRACTICE

This office is in receipt of many letters concerning unethical practice, the privileges of the cults, etc. We have given the inquirers such information as we have available, or we have referred these matters to the proper Boards. Unfortunately, this office is not in a position to dispose of these matters, but must refer them to other Boards, such as the Board of Medical Examiners, etc. Many items are also referred to our Legal Advisors. This service, if continued, will entail great expense, especially that of obtaining legal opinions.

COMPONENT SOCIETIES

The interest shown by the local societies is a source of great encouragement to the State officers, as the strength of the State Association depends upon its component units.

LOCAL SOCIETIES VISITED

During the past year your secretary has attended meetings or visited members of the following societies:

Rice County Medical Society
Goodhue County Medical Society
Mower County Medical Society
Freeborn County Medical Society
Waseca County Medical Society
Steele County Medical Society
Redwood-Brown County Medical Society
Camp Release District Medical Society
Chisago-Pine County Medical Society
Blue Earth County Medical Society
Nicollet-LeSueur County Medical Society
Scott-Carver County Medical Society
Winona County Medical Society
Houston-Fillmore County Medical Society
Olmsted County Medical Society
Upper Mississippi Medical Society
Red River Valley Medical Society
Clay-Becker County Medical Society
Park Region District and County Medical Society
McLeod County Medical Society
Blue Earth Valley Medical Society
Southwestern Minnesota Medical Society
West Central Minnesota Medical Society
Lyon-Lincoln County Medical Society
Saint Louis County Medical Society

Stearns-Benton County Medical Society
Kandiyohi-Swift County Medical Society
And others.

PERIODIC MEDICAL EXAMINATIONS

Through the State Secretaries' Conference in Chicago and by personal interview with Dr. Dodson of the American Medical Association, Minnesota is urged to make a more careful study and to further the interests of its members in periodic medical examinations. The American Medical Association is of the firm belief that periodic medical examinations are and will be a very important part of the practice of medicine.

STATE FAIR BOARD MAKES HEALTH BUILDING IMPOSSIBLE

A short time ago it was called to the attention of those interested in Public Health work that the State Fair Board for economic reasons had decided to do away with the Public Health Building at the State Fair. Believing that it was necessary to have healthy farmers in order to have healthy stock and crops, a committee appeared before the Board and presented the cause of Public Health. It was very well received and the Secretary of the Board was instructed to make such arrangements as he could to place this work back on its former basis. However, the State Secretary is in receipt of a communication for the Secretary of the State Fair Board making a proposition which it is absolutely impossible to accept, because it would place such a heavy financial burden on the Health organizations. It is interesting to note that the appropriation to the Art Department has not been cut. Is this a reflecion of the attitude of the members of the State Fair Board on the Question of public health?

RETROACTIVE MEDICAL DEFENSE

Retroactive medical defense goes out of effect June 27, 1927. This is in conformity with the action of the House of Delegates at their meeting in 1925. This means that after June 27, 1927, the State Association has no medical defense whatsoever. Following is the attorneys' report for the past year.

Hunt v. Reihs.—Hunt and Hunt of Fairmont commenced action through attorney Leo Seifert of Fairmont in 1924 for professional services rendered. Venue of action was changed from Martin County to Watonwan County. Defendant answered alleging malpractice and asking damages in the sum of $1,000.00. The action is still pending.

Schoenbachler v. Anderson.—Dr. R. E. Anderson of Willmar. Action commenced in County of Kandiyohi in October, 1925. Alleged negligence in lancing boil or abscess, thereby causing permanent injury; $20,000.00 damages sought. Action still pending but has never been placed upon the calendar for trial by the plaintiff.

Anderson v. Ulrich.—Dr. Henry L. Ulrich of Minneapolis. Action brought in District Court of Hennepin County in 1923. Claim of malpractice in the application of protein tests. Damages alleged, $22,000.00. This case has been called for trial and continued at the request of plaintiff two or three times. It was last called for trial last September, and, plaintiff not being ready to go on, the case was stricken from the calendar. The action is still pending, but has never been replaced on the calendar by the plaintiff.

Gray v. Griger.—Action brought by Dr. F. D. Gray of Marshall, Minnesota, through attorney W. E. Kempton, against George Griger, on account of services rendered on behalf of Mrs. Griger, now deceased. Action in County of Redwood, venue changed to Yellow Medicine County. Counterclaim interposed by defendant against Dr. Gray for $7,500.00 damages, on account of alleged death by wrongful act. Action originally commenced March, 1926; passed over last term of court; still pending; might be called for trial this June term of court.

Hodge v. Hanson.—Dr. Harlow J. Hanson of Richfield, Hennepin County, Minnesota. Action by Charles M. Hodge for malpractice in failing to find dislocated semilunar bone, right hand; damages asked, $11,129.75. Action commenced in Hennepin County, May, 1926. This action was settled June 7, 1927, for the sum of $635.00 immediately before the trial.

Halter v. Browning.—Dr. Wm. E. Browning, Caledonia, Minnesota. Action brought by Mrs. Dora Halter in County of Houston, in December, 1926. Malpractice claimed in the matter of setting fracture of right leg and ankle, resulting in subsequent amputation. This case is probably barred by the Statute of Limitations.

DeGree v. Norrgard.—Dr. Henry T. Norrgard of Milaca. Action brought by Robert DeGree, as father and natural guardian of Harold DeGree, a minor, in County of Mille Lacs, for alleged malpractice in treating fractured right humerus; damages asked, $25,000.00. Action commenced in February, 1927. Case pending; no notice of trial yet received. Action probably barred by Statute of Limitations.

Your Secretary wishes to thank the many physicians of the state whom he has met and with whom he has corresponded in the last year for their friendliness, helpfulness and backing. He wishes to thank the officers of the Association, members of the Council and each committee for their splendid work and coöperation. He wishes to thank the secretaries of the various component county societies for their coöperation. He wishes especially to thank the president of the Association, Dr. W. F. Braasch, for his very kind coöperation and support. The success of the Association is due those mentioned above.

E. A. MEYERDING, M.D., Secretary.

Dr Meyerding, your report has already been printed and read by all of us. If you have any changes or additions to make we will be glad to hear from you.

SECRETARY MEYERDING: We have an addition that would have been included if received in time.

The Basic Science Board is now in operation. There will be a fee of three dollars. You will receive some time during the year a notice from them. There is a form that has to be made out, of which this is not a true sample because there were some technical errors in them and they have to have them reprinted and consult with the Attorney General.

I will go over this hurriedly and give you an idea of what you have to fill in.

Secretary Meyerding outlined the "Application for Certificate of Registration in the Basic Sciences, under an Act to Define the Term Basic Sciences, Practicing Healing and Practice of Healing, as used herein, etc., being Chapter 149, Session Laws of Minnesota for the year 1927."

PRESIDENT BRAASCH: You have read the Secretary's report. Are there any further suggestions to be made, additions or corrections?

DR. S. F. ADAMS (Rochester): Some of us old timers may have lost our licenses. Where do we get the number?

SECRETARY MEYERDING: The State Board of Medical Examiners must have it. You file it with your county clerk of courts. He would have it too.

We will get out a bulletin some time before this material is sent giving you what inside information we have and some directions to tell you what to do. We want to have this Basic Science information known in time and we intend to supplement this communication by another one to help you in this matter.

PRESIDENT BRAASCH: I think one of the activities of the Secretary's office meets with our approval, although it costs some money, and that is the numerous bulletins which have been issued and which certainly should have kept us informed of every activity going on in the Society. I don't know what the reaction is among the House of Delegates, but I believe you are in favor of this activity and are in favor of continuing it. If there are any objections or criticisms along this line feel free and frank to express your opinion.

DR. C. B. DRAKE (St. Paul): I just want to suggest that MINNESOTA MEDICINE comes out every month and I hope it is read more or less by the members. It would be very possible to have these bulletins, in part, put in MINNESOTA MEDICINE and perhaps save expense along the line the Secretary's office has been working this last year. I don't know how expensive it is to put out bulletins, but it isn't very expensive to have a Secretary's sheet in MINNESOTA MEDICINE.

PRESIDENT BRAASCH: We will welcome any further suggestions along this line.

If there is nothing further to be added, there is one item that was overlooked and that is that we did not get the report of the Finance Committee of the Council. Dr. Dodge is Chairman of the Finance Committee, and we will call for it later.

We will next consider the Treasurer's report. I don't believe that was published.

Dr. E. R. Hare presented the Treasurer's report.

RECEIPTS

BALANCE ON HAND DECEMBER 31, 1925	
Minnesota Transfer State Bank	$ 5,097.08
Merchants National Bank	3.57
Bonds and Mortgages	11,700.00
Minnesota Medicine—	
Advertising	9,429.95
Subscriptions	4,408.62
Membership dues	10,741.00
Assessment	2,980.00
Interest—Investments	629.00
Bank balances	188.36
Bank transfers	2,300.52
General	128.93
Less checks outstanding 12/31/1926	1,594.74
	$49,201.77

DISBURSEMENTS

Minnesota Medicine	$12,857.11
Legal expense	1,370.72
Annual meeting	1,127.98
Salaries	3,099.88
Bank transfers	2,300.52
Legislative expense	70.35
Publicity and educational	5,035.12
Council	81.28
Membership dues Minnesota Medicine	4,028.00
General	1,178.05
Balance on hand December 31, 1926	
Minneapolis Trust Co.	7,971.50
Minnesota Transfer State Bank	60.10
Bonds and Mortgages	9,000.00
Less checks outstanding 12/31/1925	1,021.16
	$49,201.77

Respectfully submitted,
EARLE R. HARE, M.D.,
Treasurer.

PRESIDENT BRAASCH: You have heard the report of our Treasurer, Dr. Hare. Are there any questions to be asked or any criticisms to be made?

I dare say it is very difficult for you to follow all the details of these financial transactions. The Council reviewed them, however. I believe it is customary to have an Auditing Committee go over this matter, and if you care to make any criticisms or suggestions we would welcome them now. A motion to adopt this report is in order, and you may include in this motion, if you will, that an Auditing Committee be appointed.

DR. F. J. SAVAGE (St. Paul): I move it be accepted.

The motion was seconded.

PRESIDENT BRAASCH: Are there any further suggestions to be made, criticisms or questions?

DR. E. R. HARE (Minneapolis): I would suggest that it be adopted, not accepted. A motion is accepted.

PRESIDENT BRAASCH: As far as the explanation of some of the facts and figures are concerned, you might be interested to know that in going over the matter we found they have a permanent fund of something over $12,000 which will be given over to the Minneapolis Trust Company for investment, and we hope to build up this permanent fund to larger figures and make it of some practical use some time in the future. Just how we do not know. Our views are still visionary, but at the same time I am sure we can use it to some practical benefit some time in the future.

The motion was put to a vote and carried.

PRESIDENT BRAASCH: We will now listen to the report of the Committee on Credentials, Dr. Hunt.

DR. HUNT: May I ask, first, whether any delegates got by the guard at the door without handing in their credentials?

Of a list of sixty-two delegates who are eligible to this meeting there are forty-eight who have satisfied the Credentials Committee either by their regular credentials or by checking off the list, forty-eight out of sixty-two.

PRESIDENT BRAASCH: It seems to me this is a very creditable showing and this Association ought to be congratulated on the interest shown.

You have heard this report. A motion to accept it is in order.

DR. E. R. HARE (Minneapolis): I move its adoption, Mr. President.

The motion was seconded, was put to a vote and carried.

DR. E. R. HARE (Minneapolis): I now move that the House of Delegates ratify and confirm all action having been taken preceding the adoption of the report of the Resolutions Committee.

The motion was seconded.

PRESIDENT BRAASCH: Are there any remarks?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: We will next go on to a consideration of the report of the Editing and Publishing Committee. This report has already been printed and you are probably familiar with it but I will be glad to call upon any representative of this Committee to make any remarks, any additions or any corrections they care to make.

Dr. J. T. Christison presented the report of the Editing and Publishing Committee.

REPORT OF THE EDITING AND PUBLISHING COMMITTEE MINNESOTA MEDICINE

MINNESOTA MEDICINE entered the tenth year of its existence with the January, 1927, issue and thus far shows a promising record for the year.

Thirteen issues of the journal have been published since the May, 1926, meeting of the Association. To give a better comparison with last year's report, however, the present report will cover but twelve issues, from May, 1926, to May, 1927.

During this twelve months period the monthly issues have totalled 1,222 pages, giving an average of 101.8 pages per issue. Of this total, 758 pages were devoted to reading matter and 464 to advertising. The number of original articles and case reports, 115 in all, while numbering less than those published last year, show an increase in the number of pages devoted to each article. An average of 25 illustrations per issue, 299 in all, has been maintained throughout the year.

The total number of 2,750 copies of MINNESOTA MEDICINE published each month is distributed approximately as follows:

Members (1927 dues paid)	1,953
" (1927 dues unpaid)	147
Outside paid subscriptions	400
Miscellaneous (advertising, free and filing copies)	250
	2,750

No attempt has been made to include the financial statement for a year concerning MINNESOTA MEDICINE in this report inasmuch as an audit of the records was made last December and it was felt that a report of the finances covering the period from meeting to meeting would be confusing as no true comparison could be made between the two reports.

The records so far this year show the financial status of MINNESOTA MEDICINE to be encouraging. For the four months' period from January, 1927, through April, 1927, the total gross display advertising executed amounts to $3,176.50. The total income for the four months amounts to $4,908.35. This includes advertising, member and non-member subscriptions and miscellaneous accounts. The total expenditure for the four months amounts to $4,046.55, leaving a net gain for that period of $861.80.

Respectfully submitted,
R. E. FARR, M.D.,
Chairman.

PRESIDENT BRAASCH: Gentlemen, you have heard this report. A motion for its adoption will be in order.

DR. W. A. COVENTRY (Duluth): I move this report be adopted.

The motion was seconded and carried.

PRESIDENT BRAASCH: It seems to me that this Committee should be congratulated upon the excellent results they have achieved. I think our Journal stands unique in that it is a financial success, and it certainly attests to the ability of the Editing and Publishing Committee.

Furthermore the Journal is recognized as one of the best scientific journals in the country and that is largely due to the excellent editorial ability of our worthy editor, Dr. Drake. There has been, however, and I dare say you have been more or less familiar with it, some desire expressed by various members of the Association that the Journal could take up more and more—and I am sure it will in the future—actively a consideration of matters of economic interest, of general interest, to the members of this Association. I have heard the expression by a number of members in various parts of the state that they would probably be even more interested in MINNESOTA MEDICINE than they are today if this were carried on. I am sure, however, that such action will receive more serious consideration by this Committee in the future.

Are there any further remarks or suggestions to be made along this line?

DR. W. A. JONES (Minneapolis): I want to suggest something. I don't know whether it will go down or not, but I am very much disconcerted about the fact that very few men read their medical journals, and if there is any way of devising some means of stirring the mentality of the profession of Minnesota it ought to be done. It is really appalling, I think, when you come to consider it, how very few men look at their journals. They pile them up in a pile and that is all. I went into a doctor's office in the country some time ago and found an entire year's subscription to the A. M. A. Journal unopened. He hadn't even looked at them and naturally the other journals lacked consideration just as much.

What can we do to make this MINNESOTA MEDICINE more interesting so it will attract attention? The state Journal ought to be something the men will be glad to open and glad to read.

I don't know what Dr. Drake's experience is, but it is the experience of all publishers of medical journals that many of them are just thought of as common, everyday printing. They don't stop to consider anything they contain; they don't look at the news items except occasionally. If their name is going to be in print they will look that up carefully I am sure.

But what else is there to do? Dr. Christison has had a great deal to do with this matter and he might be able to offer a suggestion that would stimulate the interest of the readers of the medical journals.

PRESIDENT BRAASCH: Dr. Christison, have you anything to offer along this line?

DR. J. T. CHRISTISON (St. Paul): I don't think I have, Mr. President. I think in a very large measure what Dr. Jones says is true, and why that should be true I am quite at a loss to understand. I doubt not that Dr. Jones is attempting, just as we are attempting, to make his journal so interesting and so worth while that the members will read it. There is always a lot of good material if the men will only take the trouble to look for it, and in doing that all they have to do is open the journal and read the title page to find out what is there. I know very well from the material that goes into MINNESOTA MEDICINE there is nothing published that the Editing and Publishing Committee considers is not really and truly worth while.

Of course we do get occasional backhanded compliments because of some things we will not publish, but so far as the Committee is able it uses its best judgment and endeavors, as far as possible, to put material in MINNESOTA MEDICINE that every member of this Association ought to read.

PRESIDENT BRAASCH: I am sure the interest in matters of economic information to the profession are being considered much more than they were ten years ago. It is quite remarkable how these subjects are engaging the popular interest among medical men more and more and I believe matters of this type are read a good deal more than they formerly were, and I am quite certain the more the medical Journals would develop along this field the more they will be read. I can't imagine anything more interesting, I might say, than a recent series of editorials that Dr. Jones wrote in the *Journal-Lancet*. I fail to see how any medical man could read them without getting some benefit from them.

The same is true of MINNESOTA MEDICINE. Matters of this type are read and will be read more and more in the future, I am quite certain.

DR. J. T. CHRISTISON (St. Paul): I have a suggestion to offer. There are all sorts of subjects which might very readily be worked up into editorial articles, or articles not editorial, and there are many men in this Association who could write good material. If they want to do anything of that sort on any live subject whatsoever and send that in to the editor, I am sure the Committee would be glad to publish it and perhaps in that way we would get some interesting material, at least locally.

DR. W. A. JONES (Minneapolis): I would like to know how many men there are in the House of Delegates who would write an editorial if you asked them to, and when. Here is a man who offers to write one, but there are very few men who are interested in writing. It is very hard for them to write and the reports we get from the country show how difficult it is for the man who is in touch with things to write an article. They are afraid to.

I like to get an article from some man in the country who has written up his experience in some unique case. He is really interested in something, but the average man doesn't care a rap. If you can stir him up and in some way cultivate a little art of writing, cultivate the art of reporting a case and put him on the right track he may do something, but I believe your support will consist of four or five men in the state of Minnesota if you expect them to write editorials, or even articles.

DR. F. J. SAVAGE (St. Paul): I would like to ask a question of Dr. Drake. How much assistance in the editorial work do you get from these men throughout the state who are supposed to be associate editors and represent each council or district? What percentage of the articles that come out emanate from them?

DR. C. B. DRAKE (St. Paul): Mr. Chairman, really MINNESOTA MEDICINE represents the medical activities of the state that are referred to us. There is a lot going on that is not referred and that ought to be published, articles read before county societies and district societies, case reports at the various hospitals. I don't think anything is more instructive than case reports. We have been publishing more case reports this last year than ever before.

Personally, I think that is very important and I would like to get an expression from the House of Delegates as to what they feel the value of these case reports is. It doesn't take any ability in writing to send in a notice that Dr. Tom Jones was married on such-and-such a date. Those things are all very interesting. We have very great difficulty in getting news items. Of course we are not a news magazine, coming out once a month, where the material has to be in two weeks in advance. By the time it appears it is rather old stuff and we can't claim to be a news magazine.

Personal items are, I think, probably referred to before the scientific articles.

We would be very glad to publish matters of economic interest. I find that most of my activities are in respect to economics, how I am going to earn a living. As regards spending my time writing about economic affairs, I wouldn't earn a living if I did.

I would be glad to have any of the associate editors or any of the secretaries or any of the presidents of the county societies send in some articles of economic interest, phases of different subjects. We would be glad to publish them if they are of general interest to the profession in the state.

There are about two among the associate editors

who have been very helpful in sending in editorials, real material. Of course that is what the associate editors are for. I don't want to give away any state secrets or be critical at all—I know how it is—but it is a fact that about two of the associate editors have sent in material and the others have not.

PRESIDENT BRAASCH: I don't wish to make any direct insinuations or suggestions, but I might just cautiously suggest that you might permit only the names of those who send in articles to appear in the publication. In other words, in order to hold their jobs they have to send in articles.

DR. F. J. SAVAGE (St. Paul): What I wanted to get at was this: As I came in the door I talked with one of the members about this very subject and his criticism was that there was too much high-brow stuff and not enough things that interest the general practitioner. Dr. Drake has answered that criticism. He only gets the help of about 20 per cent of his associate editors, and I think if the other 80 per cent would dig in and furnish these articles he would have plenty of material. We all know there are splendid articles going to waste. Dr. Hitchings and I heard two wonderful papers up in St. Cloud and he asked for those papers. They refused to give them to him. There you are.

DR. W. A. JONES (Minneapolis): Why did they refuse to give them to him? They were afraid, were they not?

DR. J. T. CHRISTISON (St. Paul): One was, yes. The other was to be published in some journal which represented the Veterans' Bureau, a psychiatric subject. Jones was mixed up with them, but it went right over my head. The gentleman who read that paper, however, said he was duty bound to publish that in some journal that had to do with his organization.

PRESIDENT BRAASCH: I am sure a discussion of this kind is healthy for all concerned. Have you anything further to add?

DR. W. A. JONES (Minneapolis): In Hennepin County we had a meeting in which we had a symposium of papers written by some of the Veterans' men and not one of them was published although we requested them all. They said they couldn't publish without the permission of the government. That is a fine state of affairs for medical men to get into. Why can't a man be independent enough to publish whatever he wants if it concerns the local interest of his own Veterans Hospital?

PRESIDENT BRAASCH: If there are no further remarks or suggestions, we will go on to the report of the Necrologist, who I believe is here this morning and will give it to us in brief form.

DR. OLGA HANSEN (Minneapolis): Mr. President, Members of the Minnesota State Medical Association: The names of the doctors who have died up to June 1 are included in this report. The Secretary requested that reports be sent in by June 1, and there are a few names that have probably come in to be published in the journal since then that have not been included in my report, so I should appreciate that any such names be handed to me and I will include them in the written report that will be published later.

Dr. Hansen read the report.

NECROLOGY REPORT

Officers and members of the Minnesota State Medical Association:

Since the last meeting of this society, death has taken a high toll of the medical profession in our state. Twenty-four members of our society, one member recently transferred to another state society, and twenty-seven members of the profession who were not members of the state medical society at the time of death, have been called from the medical ranks by death during the past year.

DECEASED MEMBERS OF THE MINNESOTA STATE MEDICAL ASSOCIATION

1. Henry C. Stuhr, Minneapolis. Born, 1874. University of Minnesota, 1900. Died, June 6, 1926.
2. Russell David Carman, Rochester. Born, 1875. Marion Sims Beaumont Medical College, 1901. Died, June 18, 1926.
3. Ernest A. French, Plainview. Born, 1878. University of Minnesota, 1903. Died, August 17, 1926.
4. John Nelson Risjord, Fertile. Born, 1863. Iowa Medical College, 1898. Died, August 25, 1926.
5. Milo E. Bushey, Arlington. Born, 1855. St. Louis Medical College, 1892. Died, August 28, 1926.
6. Edwin J. Lewis, Sauk Centre. Born, 1848. Rush Medical College, 1877. Died, August 29, 1926.
7. Otto Ferdinand Fisher, Houston. Born, 1872. University of Minnesota, 1897. Died, October 11, 1926. (Secretary of County Med. Soc. for twenty years.)
8. William H. Daniels, Crookston. Born, 1877. University of Louisville, 1920. Died, October 14, 1926.
9. James Walter Warren, Faribault. Born, 1881. University of Virginia, 1906. Died, October 15, 1926.
10. Daniel James Paradine, Duluth. Born, 1895. Bennet Medical College, 1911. Died, October 18, 1926.
11. Louis B. Baldwin, Minneapolis. Born, 1872. University of Minnesota, 1897. Died, October 24, 1926.
12. Jean Baptiste Clair, Winsted. Born, 1877. Baltimore University, 1900. Died, November 11, 1926.
13. James H. Beaty, St. Cloud. Born, 1870. College of Homeopath. Med. and Surg., University of Minnesota, 1895. Died, November 27, 1926.
14. Gustavus Adolphus Newman, Stillwater. Born, 1862. University of Minnesota, 1895. Died, December 22, 1926.
15. William R. Murray, Minneapolis. Born, 1869. Rush Medical College, 1897. Died, December 27, 1926.
16. Alvah J. Stowe, Rush City. Born, 1861. N. Y. University College, 1897. Died, January 15, 1927.
17. Bertolet Perry Rosenberry, Winona. Born, 1881. University of Michigan, 1904. Died, January 19, 1927.
18. Robert L. Wiseman, Pine City. Born, 1874. University of Minnesota, 1897. Died January 20, 1927.
19. Ralph E. Morris, St. Paul. Born, 1879. University of Colorado, 1902. Died, January 27, 1927.
20. Joseph Gillespie Millspaugh, Little Falls. Born, 1851. Columbia University, 1877. Died, January 31, 1927.

21. Amos Wilson Abbott, Minneapolis. Born, 1844. Columbia University, 1869. Died, February 27, 1927.
22. Frederic J. Souba, Minneapolis. Born, 1886. University of Minnesota, 1910. Died, March 7, 1927.
23. Robert S. Brown, Minneapolis. Born, 1863. Bennett Medical College, 1895. Died, April 4, 1927.
24. Herbert G. Lampson, Duluth. Born, 1871. University of Michigan, 1895. Died, June 25, 1927.

MEMBERS OF THE MEDICAL PROFESSION NOT MEMBERS OF THE MINNESOTA STATE MEDICAL ASSOCIATION AT THE TIME OF DEATH

1. Alexander Hamilton Barber, Minneapolis.
2. Norman Barden,* Minneapolis.
3. C. L. Codding, Duluth.
4. Alma Dowswell, Kirkhoven.
5. Michael P. Finnegan, Minneapolis.
6. Samuel D. Flagg,* St. Paul.
7. Anson J. Golden, Minneapolis.
8. Theodore Harcum, Brown Valley.
9. Harry Homer Harlan, Red Lake.
10. Edward Eames Holman, Pine River.
11. W. D. Lawrence, Minneapolis.
12. C. V. Lynde, Medford.
13. Joseph Mark, Minneapolis.
14. James Edward Merrill,* Amboy.
15. George Ellis Putney, Paynesville.
16. Hubert A. Pinault, St. Joseph.
17. James Henry Redd, Minneapolis.
18. W. G. Richeson, St. Paul.
19. Harvey N. Rogers, Farmington.
20. William Holmes Salter, Duluth.
21. William H. Smith, Donnelly.
22. William Montgomery Sweney, Red Wing.
23. William Ernest Tryon, Minneapolis.
24. William G. Tupper, Minneapolis.
25. Christian F. Warn, Minneapolis.
26. Thomas R. Watson, Clarissa.
27. L. C. Weeks,* Detroit Lakes.

Each name calls forth a flood of memories, in most cases spreading over a period of many years in one community. Each name carries with it a long story of achievement and of inspiration. Most of these men had practiced twenty or thirty years, several forty and a very few for over half a century and had given full measure of themselves in the service of mankind.

One has contributed brilliantly to the knowledge of the roentgen-ray; another to the diseases of the eye, ear, nose and throat; another to hospital management. One was secretary of his county medical society for twenty years; another was the first superintendent of the North Dakota State Board of Health; another was a charter member of the Ramsey County Medical Association.

The general practitioners far outnumber all others, both in the villages and in the cities. They have frequently chosen to spend lives of helpfulness in comparative obscurity and it is gratifying to note that one community expressed its appreciation of the village doctor before his death by a public festival in his honor, and another community is raising a memorial fund to honor the memory of its beloved physician.

It is impossible in a brief report to even mention the merits of the various members whose memory we honor today. If one man were to be chosen as combining in an unusual way the finest qualities of the scientist, the medical organizer, the medical educator, the skillful surgeon, the family physician and the beloved friend, it would be Amos Wilson Abbott, whose name is written large in the annals of medicine in Minnesota. He was the first delegate from Minnesota to the House of Delegates of the American Medical Association. He was one of the founders of the Minnesota State Pathological Society, and of the Minnesota State Medical Association, and was president of this latter society in 1893.

Of each of these members of our profession who has completed his life of full and satisfying usefulness, it may be said in the words of the old author, "When the ear heard him, then it blessed him, and when the eye saw him, it gave witness of him. He delivered the poor that cried, the fatherless and him that had none to help him. Kindness, meekness and comfort were in his tongue. If there was any virtue and if there was any praise he thought on those things. His body is buried in peace, but his name liveth evermore."

Respectfully submitted,

OLGA S. HANSEN, M.D., Necrologist.

PRESIDENT BRAASCH: Gentlemen, what shall we do with this very conscientious report?

DR. S. H. BAXTER (Minneapolis): I move the report be adopted by a rising vote.

The motion was seconded and was carried by a rising vote.

PRESIDENT BRAASCH: We will next consider the report of the Committee on Hospitals and Medical Education. This Committee report has been published, and in addition there has also been given out a pamphlet which describes the activities of this very able Committee. I have no doubt that you are all familiar with it. We would like to hear from representatives of this Committee if any are present.

Apparently Dr. Pearce, the Chairman, is not here. He has done an immense amount of work in collaboration with other members of the Committee, and with Dr. O'Brien and Mr. Price of the Extension Division of the University. They deserve a lot of credit and I am glad to say their labors are being recognized and courses are given in various portions of the state which will undoubtedly be of great benefit to the members of this Association.

DR. W. A. JONES (Minneapolis): I ask that this report be postponed until eleven o'clock when Dr. Pierce will be here to present his report.

PRESIDENT BRAASCH: If there are no objections, I am sure the Association will be glad to grant the request.

We will next take up the report of the Radio Committee.

*Member of the American Medical Association.

REPORT OF RADIO COMMITTEE

The Radio Committee has a rather disappointing report to make for this past year, inasmuch as no program has been put on the air under our auspices.

The program was arranged which was to have been conducted by Dr. Brady, the health writer for the newspaper syndicate, and after all arrangements had been completed certain objections were raised to our plans by the radio stations, and we were prevented from carrying out this program.

We have made a rather careful study of the various possibilities which radio has to offer our Association, and are at the present time working on two plans, one of which we trust will materialize successfully before the Fall season.

EDGAR H. NORRIS, M.D., Chairman.

PRESIDENT BRAASCH: Is Dr. Norris here? (Not present.) Dr. Earl is in position to speak in regard to this.

DR. G. A. EARL (St. Paul): I have heard Dr. Norris give his report in smaller groups. He said that this year has been one of enforced inactivity as far as the radio was concerned. Because of the rules of the air the man must actually be there in person to read it. It is a question of the ethics involved and other problems of that kind that the Committee had yet to iron out. The year has been spent in study.

PRESIDENT BRAASCH: I overlooked the fact that some of the other members of the Committee are here.

Dr. Adson, have you anything further to add?

DR. A. W. ADSON (Rochester): I was connected with the Committee for the last two years and a year ago I scurried around and got men to speak. One of the criticisms made by the men who did speak was that they were talking into space, no one knowing who they were. A considerable effort was put out to read the address, but the question of ethics arose in letting the name be known and the problem is under consideration at this time.

PRESIDENT BRAASCH: We might listen to any other member of this Committee who is present and who would care to talk on this subject. Dr. Reynolds? Dr. Barney or Dr. Lewis?

We will next consider the report of the Committee on Public Policy and Legislation. It seems to me that due to the great importance of this Committee and considering the wonderful work they have achieved we ought to give them every consideration and give them as much time as they desire to give us in telling us about their work. We have had the report published and are familiar with the work. At the same time there are a whole lot of side lights which we are not familiar with and we would like to hear from all the members of this Committee, all of whom should be recognized and all of whom should be given credit.

I will call on Dr. Herman Johnson to say a few words. (Applause.)

PRESIDENT BRAASCH: As usual, Dr. Johnson is on the outside but we will get him in. We will go on with the next report as we certainly want to hear Dr. Herman.

We will go on to the next Committee, namely, the Committee on Public Health Education. You have read the report which is published and which, as you all know, is a most thorough and excellent one. Great credit should be given to the members of this Committee, and particularly to the Chairman, Dr. Earl.

REPORT OF THE COMMITTEE ON PUBLIC HEALTH EDUCATION

In the last revision of the Constitution of the Minnesota State Medical Association a committee on Public Health Education was created. The functions of the state committee are:

"The Committee on Public Health Education shall consist of five members or as many more as the council may determine. Its function shall be: First, to strive to develop an intelligent public viewpoint toward the medical profession; second, to coöperate with the various agencies throughout the state whose function is the promotion of public health, and whose governing bodies are composed in whole or in part of laymen, so that from a medical standpoint these agencies shall be intelligently administered; third, to use such measures throughout the state as may be necessary to eliminate fraudulent medical advertisements from the public press; fourth, to aid and encourage each component society to conduct at least one annual public medical meeting; fifth, to encourage public health educational matters through the channels of the public press, radio, movies, and the lecture platform."

The House of Delegates passed a resolution requesting local component societies to appoint a Publicity Committee of at least three members to function locally and in harmony with the State Public Health Education Committee.

We have given the functions outlined and the resolution because this is a new committee and its purpose and action are still in the process of development. No matter what is the name of this committee, it is evident the purpose is a study of and adjustment of the relations between the medical man and the public. The first year, Dr. F. J. Savage served as Chairman, and we quote from one of his reports: "Some years ago while listening to the debate in the House on our Basic Medical Practice Act, I was greatly interested and rather appalled at the attitude of the members of the Legislature toward the medical profession. It seemed to me that if the apparent view of the legislators represented an average public opinion it was high time that medical men should wake up. It seemed to me that the essential underlying basic principle should be that the public should understand the medical profession, what they have done in the past, what they are doing today, and what they stand for." With this in mind, Dr. Savage suggested the Public Health Education Committee of which the present represents the second year of appointment or service.

The scope of the problem has no limits—the questions of State Medicine and its semi-relations, as the Sheppard-Towner Act, Preventive Medication, Free

Clinics, Lay Organizations of all types, Central Health Councils, Fraudulent Medical Advertisements. In order to make any progress it is necessary to limit the program for any given period. The committee suggest that the following should be features for 1927.

1. Public Health Meetings,
2. Representation on Lay Health Organizations,
3. Contact with the Public Press,
4. Periodic Health Examinations,
5. Preventive Medication,
6. Women's Auxiliary,
7. Coöperation with the Legislature and Radio Committee.

Last fall Dr. Meyerding organized a series of four Public Health Meetings at Blue Earth, Fairmont, Pipestone, and Worthington on October 26th, 27th, 28th and 29th. In each case the doctors of the district were first consulted. Lay people as well as medical men were used. Four State Organizations took part, the Minnesota State Medical Association, the State Board of Health, the School of Medicine of the University of Minnesota, and the Minnesota Public Health Association. The expense of such meetings by way of publicity and program was considerable. Less ambitious efforts were made elsewhere and with less time, energy, and money there was a smaller success. These meetings were experimental in nature, and, while the State Committee will assist in every way possible, it is evident that the success must rest largely in the hands of the local organizations. Dr. Chesley, of the State Board of Health, Dr. O'Brien, of the University, Reverend Sainsbury, of St. Paul, Badger Clark and others coöperated splendidly in these meetings.

The growth of Lay Organizations interested in health matters has been phenomenal and most of them have very definite programs. The State office has a list of over sixty such organizations. Some States have a Council of Health composed of delegates from all such organizations. Hennepin County is dealing with this matter by appointing two of its members to coöperate with each organization. No one is so competent to advise them as qualified delegates from the local medical societies.

Ramsey County has established a very definite and practical contact with the public press. The County Chairman advised that already they have been able to render assistance. News must be fresh. It comes by wire or telephone, and is old in the eyes of the editor very quickly. The local committee in contact with the public press must be ready to serve at all hours of the day or night. The press wants to be right in what it advises in a medical way to the public, but it has no competent personnel to render judgment. If given encouragement it will naturally look to the local society. In our Public Health Meetings the Associated Press gave us splendid notices.

Periodic Health Examinations are being stressed in the program of the A. M. A. They have a splendid blank useful in any physician's office for this purpose. The early death of many of our keenest minds seems a great waste. If they only lived a decade longer, much valuable service to humanity would be rendered.

Preventive medicine must be constantly emphasized. We will have another smallpox outbreak because we are again careless on the matter of prophylaxis. So much of prevention has been accomplished that we have lost our appreciation of the efforts of the past. The practicing physician must see that prevention is his work. The public is convinced that preventive medicine is a good thing and wants it. What the doctors will not do, the State and Lay Organizations will do. The family physician is the best man to take charge of preventive medicine for his patient. There are many things that the State can do in the best manner; such as, control of epidemics, management of water and food supplies, and tabulating of health statistics. Organizations have their places for the needy. How far should the State go in medicine? How much should lay organizations do? The answer rests with the physician.

The Women's Auxiliary needs no introduction. Aiding us in this work, they are speaking for themselves and with increasing effectiveness. There are scarcely any of the problems they cannot assist with and probably in some take the leadership part.

In the placing of problems of Health and Disease before the public by our profession, certain steps suggest themselves.

1. Appreciation of the laity's viewpoint.
2. Knowledge on the part of our profession of these facts that the public should know.
3. Acquaintance of the Public with these facts.
4. Securing of proper action.

All four points as outlined contain the possibilities of an immense amount of work, and the committee is striving to get under way. It feels it must move with caution or much time and money could be wasted.

It is to be hoped that the local societies will secure on their committees men willing to work. Some arrangement in the form of regional grouping must be established between the State office and County societies. Definite tangible results will be hard to see on the question of Public Health Education. When things go fairly well the work will not be noticed. Only when we are up against such problems as public opinion reflected in the State Legislature do we realize that something has been neglected. There never can be an end to the study of relations between a medical man and the public, because it is a live subject and like everything living is subject to change of advancement or decay. Eternal vigilance will always be needed.

A chart of County Societies and objects was shown.

A glance at the chart reveals where the strength or weakness of the movement lies. It is evident that St. Paul or Minneapolis men cannot serve on the lay organizations of the county in which they do not reside. For the men in Mankato to coöperate with and give information to the papers of Duluth is impossible. Each county society will have its own peculiar and local problems to deal with. Personal contacts have to be made with the local editors, lay health organizations, and civic bodies. The State Committee is necessary. Regional grouping for purposes of advice and

encouragement will be helpful, but the committee wishes to close its report by emphasizing that any progress or failure will depend on the personnel selected by the local society.

G. A. Earl, M.D., Chairman.
H. F. Helmholz, M.D.
A. C. Baker, M.D.
W. A. Coventry, M.D.
J. E. Hynes, M.D.
F. C. Schuldt, M.D.

Dr. G. A. Earl (St. Paul): I will not read the report, which is altogether too long to be read at a time like this, and as I have an opportunity to present the work of the Committee tonight I feel I should only take a minute.

If other committees, such as the Editing and Publishing Committee that have an experience of years, that have a definite, tangible task to do, have felt the need of advice and help, you can imagine that the Committee on Public Health Education, which is only in its second year and which has a subject that is so general if not so big, needs your help and advice.

In order to secure this the Committee has adopted the method of trying to reach ultimately, during the year, every one of the 2,000 members of the Minnesota State Medical Association in small groups of from ten to fifteen, at which time full and free expression will be given and an effort be made through a primer to quote the essential or general opinion that is involved on this question of Public Health Education.

The Committee realizes that it cannot undertake, as far as time, money and effort are concerned, the health education of every man, woman and child in the state of Minnesota. That must be done by the state, reaching the children of the public schools, the high schools and the universities. It must be done by the church organizations with their parochial schools and with their private schools, colleges, and other coöperative organizations of this type.

The amount of money that should be expended is so terrific that as doctors we haven't got it, we haven't the time, we haven't the energy. The Committee realizes that it must be worked out through lay organizations, such as the Minnesota Public Health Organization, which has a budget of money to spend. It would be impossible for us to contribute out of our pockets, but we are willing as doctors, the same as other citizens and probably in a little greater proportion, to give our time and energy and money in the cause of public health education.

In order that our energy and time and money may be wisely directed, this year is to be a year of finding out from the individual members through the group method how we can secure the best possible results. I am sorry we have only been able to reach about 125 or 150 men of the Association to date. They have been reached through the regular publicity committees of the county associations because, of course, we have no organization. We are simply a committee of the state and of the county organization. We have no desire to produce any new set of officers or any new set of meetings, so we have called meetings through the publicity committees. The first meeting was with the individual members of the Committee and in some cases with a larger group, and I am sorry that out of this House of Delegates we have only been able to reach a few. We are working through the regular official channels.

President Braasch: The importance of this Committee is hard to realize. It is of tremendous importance. I think the biggest job we have is to get the public acquainted with our methods and ideals and be in sympathy with them. It is a tremendous undertaking. I am quite certain, however, this Committee will measure up to it. It is going to take years to accomplish this end, but they are going to make a good beginning. The scope of this Committee is very wide but I am sure that they will measure up to it. When we consider that it was only two years ago that Dr. Frank Savage had the vision to formulate this Committee, and the work that is already done and started, I think it is certainly open to great commendation.

A motion will therefore be in order to adopt this Committee report. Do I hear such a motion?

Dr. C. L. Haney (Duluth): I move its adoption.

The motion was seconded.

Dr. S. H. Baxter (Minneapolis): I move that a part of this motion should be made a permanent committee.

President Braasch: This motion has been amended to read that this Committee be continued as a permanent committee to be appointed by the President. I am sure the new President will heed your suggestion.

The amendment to the motion was put to a vote and carried.

President Braasch: A vote on the motion as amended is now in order.

The motion as amended was put to a vote and carried.

President Braasch: We will now return to a most important order of business, namely, to listen to our worthy friend and advisor, Dr. Herman Johnson. (Applause.)

Dr. Herman Johnson gave a brief address on the work of the Committee on Public Policy and Legislation. (Applause.)

REPORT OF THE COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Gentlemen:

Your Committee of Legislation and Public Policy begs leave to submit the following report:

During the last half of the year 1926 your Committee devoted its time and attention to the drafting and preparation of such proposed legislation as was directed by the Council, to come before the 1927 session of the Legislature; most of its efforts being devoted to what has now become known as the "Basic Science Act." This was an exceedingly hard bill to draw so as to be absolutely fair. A number of drafts were made and submitted to medical societies, legislators, and representative men and women, and such constructive criticism as seemed to be of merit was worked into the

bill, each correcting and improving upon the preceding one, until your Committee, after duly considering each one, concluded that all had been done which could be done prior to the Legislative session.

After the Legislature had convened, the proposed "Basic Science Act" was submitted to several members thereof, who aided us somewhat to put it into the form in which it was to be introduced. The difficult and trying task of your Committee was then at hand, namely, the campaign of education of legislators on the subject and the act. The importance of the act soon became manifest, and discussion of it spread throughout the state. Opposition developed and acquired considerable force. Explanation of the intent, purpose and effect of the law, to the Committee of both Houses and the members of both Houses, required a good deal of time.

Consideration of the bill in the Senate was very strenuous. Several amendments designed to destroy the purpose of the bill were introduced but were promptly voted down by a vote of 45 to 21. Then an amendment was introduced changing the proposed membership of the State Board of Examiners in the Basic Sciences to five members, viz.: two full time paid professors or associate or assistant professors not actively engaged in the practice of healing, from the University of Minnesota, or any other College or University in Minnesota, one doctor of medicine and surgery, one doctor of osteopathy, and one doctor of chiropractic. Such amendment prevailed, and, as amended, the bill passed the Senate. Your Committee has become satisfied and believes that the above mentioned amendment in no way minimizes the value of our bill and may prove to be an improvement upon the originally proposed membership of the Board of Examiners, as it removes the cry of prejudice and bias, of no representation for Osteopathy and Chiropractic, with which Wisconsin is confronted.

In the House the discussion of the bill was also spirited. A number of amendments were proposed which would have defeated the real object, purpose and intent of the bill, but such amendments were consistently lost by approximately the same vote, 73 to 30. After passage in both Houses, the bill was signed by the Governor, and is now the law of the state.

While the Board as now constituted is not exactly what we proposed, legislation is always a compromise, and, realizing how fanatical the public is in its interest in cults and quacks, it may be that this board will work out better, when properly organized and honestly conducted by its members, than the board as originally planned.

One of the most important features of this bill is that it provides for money and machinery to enforce the law. No law is good unless there is proper provision for its enforcement.

The "Basic Science Bill" was fought from beginning to end by all kinds of cults, quacks and healers, including optometrists, and we have reason to believe that others more or less secretly fought it, although they were exempted. It seems that all means possible were employed to defeat this bill.

There was other opposition which we encountered, which is hard to understand, but we can only assume that certain politicians thought if they could kill the "Basic Science Bill" they would so dishearten the Medical Association that they would break its power and scatter to the four winds the powerful influence that the Minnesota State Medical Association now wields.

There will be a detailed report filed with the Councilors with regard to many unexpected things which we encountered which may be of great use to the Association at some future time.

Your Committee does not deem it necessary to review all the provisions of the law in this report. It is now known as Chapter 149, Laws of Minnesota, 1927. It is suggested that every physician and surgeon read the law and thoroughly acquaint himself with it, so that he may make timely performance of the requirements hereby placed upon him.

Your Committee has received the compliments of numerous Medical Boards of other states, nearly all of whom are of the opinion that Minnesota now has the best medical practice law in the United States and it is the prevailing opinion that by setting one uniform standard of knowledge and education in the Basic Sciences for all engaged in the practice of healing much has been accomplished for the State of Minnesota and its citizens. That the new Minnesota law will be borrowed and enacted in the near future by many sister states now seems certain, as many requests were made at the recent meeting of the American Medical Association for copies of the bill.

While the Basic Science Act was the major work and objective of your Committee, its program contained other items of interest and importance, one of these being the amendment of existing laws with reference to the State Board of Medical Examiners or Medical Practice Act. Efforts to procure certain changes therein were successful and the changes made are now set forth in Chapter 188, Laws of Minnesota, 1927. The State Board of Medical Examiners, formerly consisting of nine qualified physicians, will hereafter be composed of seven physicians. Appointments to the Board are made by the Governor and for each appointment the Council of the Minnesota State Medical Association recommends to the Governor three physicians qualified to serve. Fee for examination is raised from ten to twenty dollars. Immoral, dishonorable or unprofessional conduct, as grounds for refusal to grant license or for revocation of license, are specifically defined, as is also illegitimate advertising. Fee for license without examination is raised from fifty to seventy-five dollars. Practicing without license is changed from a misdemeanor to a gross misdemeanor and the penalty is accordingly more severe. It is urged that every physician and surgeon promptly read the new law and acquaint himself with the provisions thereof.

In connection with the bill which was passed defining and regulating the practice of massage, creating a state board of massage examiners, etc., your Committee was successful in so modifying the definition

of massage therein contained as to render it harmless to the medical profession. By the new law relative to massage it is declared that the practice of massage is distinct from the practice of medicine, surgery, osteopathy, chiropractic or chiropody and means "a method, art or science of treating the human body for remedial or hygienic purposes by rubbing, stroking, kneading, tapping or rolling same for the purpose of relieving, alleviating or reducing the affected part thereof."

Your Committee also kept a watchful eye on the Beauty Culturist and Barber bills which were enacted into law, with a view to keeping them free from any objection, and, as passed, those bills are without any objection to the medical profession.

No change was made in existing laws relative to the practice of osteopathy, although a bill was introduced by the osteopaths which would have permitted them to enlarge the scope of their activities, but this bill did not survive the action of the Committee. However, a bill was passed raising the standard of educational requirements of applicants for license to practice chiropractic, such a bill having been introduced at the instance of the Chiropractic Association.

An accomplishment of your Committee which was perhaps as great and as important as anything done by it in the way of procuring desired legislation was the prevention of the enactment into law of an undesirable bill, namely, the Naturopath bill, proposing to legalize this cult or alleged branch of healing, and defining Naturopathy in such a manner as was not understood by Naturopaths themselves, but giving them the right to do practically everything the medical profession, chiropractors and osteopaths are now entitled to do.

The chairman was in full charge of the Committee's activities, and as the session of the Legislature drew near he opened and maintained an office in the St. Francis Hotel (about November 18). Later, as it was found necessary to enlarge the scope of the Committee an office was also opened at the St. Paul Hotel and the Chairman continued in personal charge of such offices and of the work of the Committee until the end of the Legislative session, about May 1, 1927. During all of the time he devoted his entire time to the work of the Committee.

The Committee was untiring in its efforts to get these laws passed and bad ones killed. However, no laws of this kind could have been passed without a well organized and united profession behind them. The Committee fully appreciates the good work of individual members of the profession, the local legislative committee, the officers of the local societies as well as the active help and support of the President, Dr. Braasch, the Secretary, Dr. Meyerding, and the Councilors. We want especially to call the attention of the profession to the grand body of men of which the Council is composed, and the quiet way in which this body acts. We want to assure you that they go over matters very carefully, and they can absolutely be depended upon to do, at all times, what is for the best interest of the whole profession. We know that they studied these bills very carefully and many valuable suggestions were received from them. They backed the Committee up in every way they could. The President, Dr. Workman, spent several days in St. Paul, and, together with a number of the members of the Committee, stayed up the entire last night of the session, helping to watch so that the Naturopathic bill could not be brought up, though several attempts were made. When morning came, we decided that the grand old man, Dr. Workman, was the youngest and spriest of us all.

The various members of the Committee, including Dr. Sogge, gave freely of their time, spending as much as a week at a time in St. Paul, and aiding in every way in the passage of this bill. The Chairman cannot compliment these men too highly for the work they did. The Chairman also wishes to express to Dr. Bolsta his appreciation for all the work he did in gathering the information and getting together the rough draft of the "Basic Science Bill."

The Committee feels certain that attempts will be made to try the constitutionality of these laws and that the profession must be ready to defend them to the U. S. Supreme Court, if necessary. The Committee recommends that there be no let-down in watching legislation as we have reason to believe that the Naturopaths, as well as many other cults, will try to get by with a bill for the next one or two sessions, or will likely try to amend the "Basic Science Bill" in order to let them in.

The Committee feels that the "Basic Science Bill" is of more value to the younger men of the profession than to the older ones, as the result of its passage will become more noticeable as time passes, and that it will take ten or more years before its full result will show up.

In closing this report, the Committee recommends that the Association, at all times, be prepared to have men present at every legislative session, looking out for its interests.

Respectfullly submitted,

H. M. Johnson, M.D., Chairman.
Charles Bolsta, M.D.
J. T. Christison, M.D.
C. B. Wright, M.D.
S. H. Boyer, M.D.

President Braasch: It will be impossible for us to express our appreciation for what Dr. Herman Johnson has done and we will be eternally indebted to him.

I will now call upon some of the other members of this Committee who have done so much and who have shared this honor in full degree in putting it across. We would like to hear from Dr. Bolsta.

Dr. Charles Bolsta briefly addressed the House of Delegates on the work of the Public Policy and Legislation Committee. (Applause.)

President Braasch: We will next listen to Dr. Christison.

Dr. J. T. Christison also addressed the House of Delegates on the work of this Committee. (Applause.)

PRESIDENT BRAASCH: We would like to call upon our worthy counsellor and active committeeman, Dr. C. B. Wright, of Minneapolis.

Dr. C. B. Wright gave a brief address on the work of this Committee. (Applause.)

PRESIDENT BRAASCH: Is Dr. Boyer here?

Dr. S. H. Boyer gave a brief talk on the work of this Committee. (Applause.)

PRESIDENT BBAASCH: It seems to me the report of this Committee is hardly complete unless we call on the committee man extraordinary, Dr. Sogge, for a few words. He has done so much to help this work along.

Dr. H. B. Aitkens took the chair.

Dr. L. Sogge briefly addressed the meeting on the work of this Committee. (Applause.)

CHAIRMAN AITKENS: The medical expert obtains his reputation by concentrated attention to his line of business. A new medical expert has come before us, the medical legislative expert. Several of them have narrated their experiences and proved their title to be legislative experts.

It will now be in order to adopt the report of this Committee.

DR. W. A. COVENTRY (Duluth): I move the report be adopted.

The motion was seconded, was put to a vote and carried.

CHAIRMAN AITKENS: We will now hear the report of the Committee on Contract Practice. Is Dr. McCloud here?

DR. C. N. MCCLOUD (St. Paul): Mr. Chairman and Members of the House of Delegates: My report is going to be very brief. You have all read the report.

The question came up in the minds of the Committee as to just how much territory we were expected to cover in regard to this matter of Contract Practice. To cover the whole subject of Contract Practice I believe it would apply to men who are engaged in any sort of contract practice, such as men who are engaged in the practice of medicine and surgery in the iron range. We didn't believe the Committee were expected to interfere in any way or make any sort of report on that kind of practice. We felt, after a good deal of deliberation, that what we were expected to do was to make a report and make some investigations as to the status of contract practice as relating to the Workmen's Compensation Act, and with that in view we attempted to get the information from headquarters.

As stated in my report I immediately wrote to Dr. Harris of the American Medical Association, who I was informed was the proper person to approach, and he advised me they had sent out questionnaires to many of the state societies and county societies to obtain an expression of opinion regarding this matter. I was informed that he had no material at his disposal to furnish us and it happened that some time later I happened to be in Chicago and met Dr. Brice and we took the trouble to go to the headquarters of the American Medical Assoication. We searched for Dr. Harris or any of the confreres and were unable to get any further than we did by correspondence.

It is interesting to me to note that Dr. Harris is to be here tonight and I believe he is going to touch upon this subject which we are now, as a Committee, working on and I hope the Committee may obtain some valuable information from this session this evening.

Dr. C. N. McCloud read the report of the Committee on Contract Practice.

REPORT OF THE COMMITTEE ON CONTRACT PRACTICE

Your Committee on Contract Practice met on May 16, and it was reported by the Chairman of the Committee that he had confererd with Dr. M. L. Harris of the American Medical Association, and he was advised by Dr. Harris that the Judicial Council are investigating this subject of "Contract Practice" and at the present time are searching for information on the subject, having sent questionnaires throughout the entire country, and they hoped to have some facts on this subject but no information at this time was available.

The Chairman also reported that he had endeavored, while in Chicago recently, to see Dr. Harris or others in authority in an attempt to secure some data. His efforts were without avail.

Your Committee discussed this matter at some length and the two problems which seemed to require solution were: (1) The advisability or not of attempting to establish any fee basis. (2) Whether or not it was advisable or legal that the insurance companies should have the right to dictate the appointment of physicians or surgeons to take care of employees insured under the compensation act.

The Committee realized that the analysis of this situation would lead to very far reaching and complex questions affecting the whole medical body and while, of course, this will ultimately necessitate a discussion of the subject by the constituent county societies, we recommend that measures in this direction be adopted, and suggest, for the consideration of the State Association, the appointment of a committee to study the whole question in conjunction with representatives of all of the insurance companies doing business in compensation insurance in the State of Minnesota, and further, that this should also be done in conjunction with a representative of the Industrial Commission.

Respectfully submitted,

C. N. MCCLOUD, M.D., Chairman
F. S. WARREN, M.D.
A. R. COLVIN, M.D.
C. L. HANEY, M.D.
J. G. CROSS, M.D.

DR. C. N. MCCLOUD (St. Paul): We further suggested that inasmuch as this Committee was unable to obtain any information or to know how far to go legally, perhaps it would be best to appoint another committee with this object in mind, to determine exactly what was expected of the Committee, and I believe such a committee would be able to do a good deal of pioneer work.

As near as we can find out, nothing has been done by any of the other states and it would seem to me that it opens a large field.

I don't know how much general interest this subject has. It is vital to a good many men who are engaged in doing this sort of contract practice for certain insurance companies, but whether any recommendations of the Committee are going to have any effect on the situation, I cannot say.

In conclusion, the Committee suggests that the Committee work in conjunction with all the representatives of all insurance companies doing business in compensation in the state of Minnesota. Further, this should also be done in conjunction with the representative of the industrial commission, and I think we might add, perhaps, that it would be well to consult with the Attorney General. (Applause.)

PRESIDENT BRAASCH: We have the great honor of having in our midst this morning Dr. Harris, of Chicago, who as you all know has done more in this field, probably, than any other member of the American Medical Association, and whom we regard as one of our honored guests. We would very much like to hear from Dr. Harris. (Applause.)

DR. M. L. HARRIS (Chicago, Ill.): I am very glad to be here, I assure you, and I didn't hear what the gentleman who preceded me had to say on the subject. I am very sorry not to have heard it because I am extremely interested in the subject of contract practice and the Workmen's Compensation Act, and I don't know what points he brought out so I can't discuss any of the points.

As you probably know, I am expected to speak on the subject of contract practice this evening in the meeting on medical economics, and I am sure you don't care to hear anything now which I may have to say this evening.

The subject, as you probably know, is an important one, one which is growing in importance constantly, from necessity, from economic conditions which are constantly undergoing considerable change, so that we find the economic situation in the position today where it is very different from what it has been in the past. The profession must take cognizance of these changes in economic and industrial situations and provide proper means for meeting the situation to the advantage of those who are involved, the employers and the employees as well as the physicians.

It is a subject which demands most careful study and consideration and can't be passed by in a minute's discussion or talk but must be treated in a very earnest and serious manner. (Applause.)

DR. S. H. BOYER (Duluth): I have the honor to introduce to you today the most silent politician in the legislature, the poorest orator in the legislature and the best friend we had in the legislature in the passing of the Basic Science Bill. Mr. M. B. Collum, of Duluth.

The audience arose and applauded.

MR. M. B. COLLUM (Duluth): I simply came in to see my friend, Dr. Johnson, who labored with me somewhat down in St. Paul. He did all the work and I simply filled in occasionally. I had no other motive in coming, so this is rather unexpected and I am most pleased.

I will say, while I am on my feet, that the work of a legislator, with which some of you are familiar, is sometimes very strenuous but he can always make good if he is called on. You don't need much eloquence in the legislature but you do need an honest motive. When your bills are right and you can appeal to the legislature with the proof in your hands, the work is not very hard.

I thank you. (Applause.)

CHAIRMAN AITKENS: In the matter of the report of the Committee on Contract Practice, does any delegate wish to express himself on this matter?

DR. A. C. TINGDALE (Minneapolis): I only wish to say a few words on the second part here, whether or not it was advisable or legal that insurance companies should have the right to dictate the appointment of physicians or surgeons to take care of employees insured under the Compensation Act. I think this is a very vital point.

I suppose the Committee here has given suggestions and I suppose something will be done by the State Association, but I think I speak for hundreds and very likely even for thousands of men who are not here today who I believe would like to be heard on this very point. It is one of the things that the men at large feel they are being imposed upon by the insurance companies inasmuch as the patients they have had for many years are often taken away from them by the insurance companies. The men themselves have not a right, evidently, under this law, the Workmen's Compensation Act, to select their own doctor even if he has taken care of them for years and years.

Of course we know that the employer has the right to select the physician, but as a rule the employer turns these over to the insurance company and we know that again and again these insurance doctors who are employed by the insurance companies not only take the patients that come to them but very often if such patients are in your hands they will take them out of your hands and take charge of them after that. This, I think the physicians and the surgeons of the profession at large feel, is a great injustice and they think and I think something ought to be done by this Association to make the law read in such a way that the men themselves could select the family physician if he is a member, say, of the State Medical Association or a legalized practicing physician.

DR. F. J. SAVAGE (St. Paul): This same subject appears in a resolution which will undoubtedly come before the Resolutions Committee in the natural course of events and it seems to me it doesn't need to be discussed now.

CHAIRMAN AITKENS: Will someone move the adoption of the report of this Committee?

DR. A. C. TINGDALE (Minneapolis): I move the adoption of this report.

The motion was seconded, was put to a vote and carried.

CHAIRMAN AITKENS: Dr. Harris has thought of something that ought to be put before you at this time.

DR. M. L. HARRIS (Chicago, Ill.): A gentleman raised the point on which I think I can give you some little enlightenment as we have gone through the same question in the state of Illinois on the Compensation Act and insurance companies having the right to select physicians.

Our law provided at one time, and does at the present to a certain extent, that in case the patient wishes to select his own doctor he must do it at his own expense. We have tried that out and the law has not upheld that contention. The patient may have the right to select his own attendant and the employer is bound to pay a reasonable doctor's fee. The insurance company cannot come in and assume the right to take the case away from the family doctor if the patient objects. We have tried it out in our courts and they have sustained the doctor, that the employer is bound to pay a reasonable fee for service rendered by a competent doctor, so you can take it from our decisions and work on it to that end.

When an insurance company comes in and says they have the right to take the case they are in error and I think the medical profession should stand on that position, that the patient has the inalienable right to select his own attendant. The employer has the certain right to see that that attendant is a properly qualified physician and has the right to have his own physician examine the patient at certain intervals to see that his rights in the case are protected, but he must pay a reasonable bill to the surgeon or attendant selected by the patient. (Applause.)

CHAIRMAN AITKENS: Dr. Hamilton of the Committee on Expert Testimony.

Dr. A. S. Hamilton read the resolution, in response to which the Committee on Expert Testimony was appointed.

DR. A. S. HAMILTON (Minneapolis): In getting together a bill or any set of ideas which would be accepted not only by medical men but by practicing attorneys in courts and which would be sustained by courts, or where there would be any hope of getting it through the legislature, there have been a great many remedies proposed with respect to testimony of this sort. In reading them over one is rather surprised to see, year after year, the same arguments adduced. I think there has been no progress for many years.

For instance, Dr. Merrill, of Stillwater, as far back as 1893, introduced a bill to the legislature of Minnesota which I think would be endorsed by practically every medical man at the present time.

The essence of the bill is that expert testimony should be introduced by men who are appointed from neutral sources, that the courts would appoint the medical men to make the examinations and give the testimony and they should be paid from similar sources so there would be no possible connection between the plaintiff's and the defendant's side and the one giving the testimony.

Needless to say, Dr. Merrill's bill did not pass and the same thing has been tried at other legislatures and did not pass.

Somewhere in 1894 Michigan passed a bill of this sort and the supreme court said it was unconstitutional. Since then California has passed a similar law that the court is to appoint the examiners who are to present their opinions and they are to be paid from the county fund. Whether it will stand the test of the supreme court I don't know.

Among other things we discussed the matter with the Bureau of Legal Medicine of the American Medical Association, and the advice they gave us was that the Committee which has been appointed by the American Medical Association to act in conjunction with one from the American Bar Association has made no progress and has met the same difficulties that we have.

In brief, the longer we came in contact with the attorneys we found they had a wholly different view of this thing than we did. It seems to me that the essence of the doctor's idea is that he should appear in court in a judicial or semi-judicial relationship and if he is to be a witness he is to present his findings in written form and be rather exempt from the experiences of cross examination. The attorneys don't see it that way and won't support a bill of that kind.

At the meeting of the last legislature a bill was introduced and this Committee was only to investigate the matter. The essence of the bill introduced was this idea of neutral testimony. It became evident very early that the attorneys very largely disapproved it and it was doomed from the beginning.

The formal report which the Committee offers is as follows:

REPORT OF THE SPECIAL COMMITTEE OF THE MINNESOTA STATE MEDICAL SOCIETY ON MEDICAL EXPERT TESTIMONY

Your Committee has investigated, at considerable length, both among physicians and attorneys, the subject of medical expert testimony and begs to report as follows:

The physicians in general approve some method of developing medical expert testimony from nonpartisan sources. The physicians also wish a court procedure which will cease to emphasize the differences of opinion between physicians, which are more apparent than real. On the other hand, the legal profession very generally, at least, doubts the advisability of accepting any method so far proposed as a substitute for the methods already in use.

It has been suggested by attorneys that disciplinary action within our own profession is the best method of dealing with our difficulties. Obviously, such action is as impossible in our own ranks as it is in those of the legal profession.

Even a superficial investigation of the subject shows many glaring faults in present procedure but the elimination of these has not been accomplished notwithstanding the efforts of many men through a long period of years. Up to the present time, for example, there has been developed no adequate method of qualifying an expert in any line of medicine. Any physician duly licensed in the state may qualify as an expert in any line merely by his own assertion but there is no reason

to believe that judges possess any special ability or any special knowledge of the merits of physicians that would enable them properly to select duly qualified experts.

At the present time, the question of medical expert testimony is so bound up with the general rules of court procedure and admission of evidence that it is impossible to consider a reform in the method of introducing medical expert testimony without some change that contemplates an entire revision of court procedure.

After due consideration of all the complexities of the situation, it is our opinion that, until the American Bar Association and the American Medical Association, acting conjointly, shall agree upon some procedure, it is unwise for us to contemplate any definite action toward reform.

ARTHUR S. HAMILTON, M.D., Chairman
SAMUEL H. BOYER, M.D.
CARL J. HOLMAN, M.D.
WALTER W. NAUTH, M.D.
ARTHUR A. SWEENEY, M.D.

Dr. Hamilton read the report.

CHAIRMAN AITKENS: Does anyone else wish to speak about the Committee's report?

Will someone make a motion to adopt the report?

DR. C. B. DRAKE (St. Paul): I so move.

The motion was seconded, was put to a vote and carried.

CHAIRMAN AITKINS: We will now hear the reports of the delegates of the American Medical Association. I will call on Dr. Litzenberg. Dr. Litzenberg sent in a report which you all have and perhaps he has something further to add.

Dr. J. C. Litzenberg presented his report.

REPORT OF THE DELEGATES FROM MINNESOTA TO THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION

To the House of Delegates of the Minnesota State Medical Society.

Gentlemen:

Your delegates to the House of Delegates of the American Medical Association beg leave to submit the following report:

Inasmuch as the proceedings of the House of Delegates have already been published in the Journal of the American Medical Association, we will not attempt to make a detailed report, but will only endeavor to point out a few of the outstanding questions which we have considered will be of special interest to this House of Delegates.

The House of Delegates was called to order by Dr. Fred C. Warnshuis of Michigan, who has been speaker of the House ever since the retirement of Dr. Hubert Work, to become a member of the cabinet of the President of the United States. Dr. Warnshuis outlined the work to be done by the House of Delegates. In part he spoke as follows:

"Members of the House of Delegates:

"Convened in annual session in the capital of our nation, it occurs to your Speaker that it would be consistent and characteristic if we caused our first official act of this session to be recorded as one in which we convey to the President and through him to the people of this nation a message of greeting and expression of esteem. To that end do I submit for your approval, if so disposed, the following message:

"'Honorable Calvin Coolidge,
President of the United States:

"'The American Medical Association, representing 94,000 doctors of medicine, convened in annual session, extends cordial greetings to you. We affirm anew the fundamental principles and objects of our profession. We subscribe again our willingness to contribute our services for accredited humanitarian purposes. We pledge a continuance of persistent efforts to unfold the unknown laws of physiology and hygiene and to uncover the causative factors of disease.

"'We are ever ready to apply approved scientific principles and practices to enhance the health of our people that their vocational and social pursuits may be attended by a minimum of disease and physical incapacity.

"'In this spirit we convey to you, Mr. President, our greetings and felicitations.

The American Medical Association,
Olin West, Secretary.'"

The address of the Speaker was followed by the retiring president, Dr. Wendell C. Phillips of New York. The keynote of Dr. Phillips' address was the part to be played by the physician in the health program of the United States—which he emphasized as follows:

"We should so construct and conserve our health problems and policies that we may convince the public, which really pays the bills, that no fragments of opportunity are lost or misused."

The address also stressed the preeminent position which should be given to the physician as the only individual in the community with adequate basic knowledge on which to act in health matters.

"The medical profession should throw off its mask of reticence and its shrinking attitude toward reasonable publicity concerning health education. Professional policies narrowly conceived can never successfully oppose the rightful interests of the public. It is time to strike the shackles not only from the shrinking attitude of the medical profession toward the public espousal of educational programs, but also from its attitude toward the lay press, the radio and great assemblies of truth-seeking people. The physician has no right to conceal from non-medical readers the great body of news of the highest importance which is his to communicate."

He also stressed the point that the Congress of the United States has placed restrictions upon the practice of medicine by the unwarranted limitations of the amount of alcohol that could be prescribed by the physicians.

Following the address of Dr. Phillips, President-Elect Jabez N. Jackson addressed the House of Delegates, taking for his theme the "Principles of Medical Ethics." He closed his address with the following statement:

"It is my firm conviction, therefore, that a comprehensive exposition of ethics should be undertaken, first in a thorough course of instruction to our oncoming young men in medicine right at the onset of their career and the essentials of character inspired equally with the infusion of scientific knowledge. Thus inspired, we should have a new generation of worthier men to honor a worthy profession. Furthermore, when doctors themselves more fully understand our principles they will be better prepared to represent our profession intelligently and to defend its ideals.

"Finally, I believe that a more comprehensive and explanatory manual should be composed which will translate into the language of the laity a real understanding, and that by word and in print its arguments should be carried to the people. Its composition should probably be referred to the Judicial Council."

Then followed the reports of officers and committees of the association, and the presentation of resolutions of proposed legislation, all of which were referred to reference committees for consideration,—the most important of which will be brought to your attention:

Dr. M. L. Harris, Chairman of the Judicial Council, presented the following report, which was adopted:

"The Council concurs in the opinion that all interviews or articles of an educational nature on medical or health subjects intended for the lay press or lay audiences should give expression to the consensus of opinion of the medical profession rather than to personal views which may be in conflict therewith, and that such articles should appear preferably under the auspices of this Association, or of one of its component societies or constituent associations."

Dr. William A. Pusey of Illinois presented the report of the Reference Committee on Medical Education, of which committee the senior delegate from Minnesota was a member. This report called attention to the fact that the medical schools of the country are crowded to their capacity, there being only 1 1/6 per cent of vacancies, or one vacancy to each three schools.

"Physicians are disappearing so much more rapidly than they are being produced that it will probably be 1965—about forty years—before we see again in this country 130,000 practicing physicians, the number which it is estimated we now have, unless the opportunities for studying medicine are very considerably enlarged or the age of graduation lowered. This in spite of the fact that the population of the United States is increasing rapidly and will be about 50 per cent greater in 1965 than now—165 millions against 115 millions now. In view of these findings, it would seem that this subject is worthy of consideration and requires constructive suggestions."

The report of the Reference Committee on Legislation and Public Relations called attention to the present tendency of attempting to determine the therapeutic value of medical agents by legislative action, and the Committee condemned the attempt to evaluate a therapeutic agent by legislative fiat,—by the Congress of the United States, or even by the House of Delegates of the American Medical Association,—and ended its report by saying: "Such evaluation can be made only by investigation and decision of experts having knowledge of that particular subject."

A peculiar situation was brought up at this meeting, namely, that the District of Columbia has no medical practice act and consequently quacks flourish in the capital of the nation. Dr. Roy of the District of Columbia presented a resolution requesting the Congress of the United States to enact a law covering the practice of medicine in the District of Columbia.

The Reference Committee on Hygiene and Public Health called attention, in its report, to the fact that the usual statement that maternal deaths in the United States were higher than in other countries, was misleading because the methods of collecting statistics vary, and an accurate comparison cannot be made until the different nations agree upon a uniform method. All present comparative statements of maternal deaths cannot therefore be accurate or dependable.

Considerable discussion was occasioned by a resolution presented by Dr. J. Richard Kevin of New York that the Physicians Home, Inc., established for the care of incapacitated physicians throughout the United States, be taken over by the American Medical Association,—but after a report by a Committee, appointed to investigate the question of indigent physicians in the United States, which found that the number of such physicians was so small that there was no demand for such a home, the resolution was rejected.

Much discussion was brought about by a resolution presented by Dr. Gorsline of Michigan, suggesting that the Board of Trustees be requested to prepare approved forms of letters, to be sent out by either County Medical Societies, or County or State Health officers, to promote to the public the value of periodic health examinations, which can be made by their own local physicians, who are members of the American Medical Association. It was finally decided that such form letters should only be sent out by the regular medical societies.

Another matter of peculiar interest to the physicians of Minnesota was the adoption of a resolution that the American Medical Association continue in its affiliation with the United States government, in the work being done by the National Committee for the prevention of blindness and the elimination of trachoma, much of which work is being done among the Indians of Minnesota.

It will be of interest to all physicians to note that the subscriptions to the Journal of the American Medical Association were increased 3,730 during the past year and that the average circulation is 89,742,—and also that the circulation of *Hygeia* is gradually increasing, but strange as it may seem, the subscription among physicians is still small. It is the duty of every member of the association to subscribe, and it will actually pay him to do so. One of the finest pieces of work that the Women's Auxiliary is doing is through its general and local committees, aiding in the circulation of *Hygeia,* especially in placing it in our public schools and libraries.

A matter of congratulation in the medical profession is the fact that the Index Medicus and the Cumulative Quarterly Index of the American Medical Association have been united under the name of the American Quarterly Cumulative Index Medicus, making it the best index of medical subjects in the world.

The commercial organizations which have been carrying on the periodic health examinations to their own great profit and to the detriment of the general practitioner, are still a menace, although one of the great life insurance companies, the John Hancock, has ceased its connection therewith. The House of Delegates urges that continued efforts be made to get the members of the American Medical Association to sever all connections with such commercial organizations, both as advisers and examiners. Such an act would result in much good to the profession and to the public. At the same time, the state and county societies ought to make increasing efforts to educate the public as to periodic examinations, to be made by their regular physician.

The perennial question before the House of Delegates, namely, the relation of the Volstead act to the prescribing of alcoholic liquor, was discussed in the executive session, and, we hope, settled for some time at least, by the following resolution: "Resolved that the American Medical Association declares its adherence to the principle that legislative bodies composed of laymen should not enact restrictive laws regulating the administration of any therapeutic agent by physicians legally qualified to practice medicine."

The last matter of business was the election of officers and the selection of the next place of meeting.

Dr. W. S. Thayer, Baltimore, was elected President.

Dr. Charles A. Elliott, Chicago, Vice President.

Dr. Olin West, Chicago, Secretary.

Dr. Austin A. Hayden, Chicago, Treasurer.

Dr. Fred C. Warnshuis, Michigan, Speaker of the House of Delegates.

Dr. Allen H. Bunce, Georgia, Vice Speaker of the House of Delegates.

Dr. Edward B. Heckel, Pennsylvania, and Dr. Rock Sleyster were elected to succeed themselves on the Board of Trustees.

Minneapolis was elected as the place of meeting in 1928.

Respectfully submitted,
WILLARD BURNAP, M.D.
HERMAN JOHNSON, M.D.
J. C. LITZENBERG, M.D.

President Braasch resumed the Chair.

PRESIDENT BRAASCH: I am sure we are all interested in the report. One of the most valuable and the greatest duty of a delegate is to bring back a report from the A. M. A. and to acquaint this body with the proceedings of that organization.

We have about an hour left for the remainder of the business so I will ask the other two delegates to be brief, if they will.

We would like to hear from Dr. Burnap.

DR. W. L. BURNAP (Fergus Falls): I wouldn't add anything to what Dr. Litzenberg has said. I appreciate acting as a delegate for this great body and did all I could to fulfill my duty. That is all I have to say. (Applause.)

PRESIDENT BRAASCH: I will next call on Dr. Christison. Dr. Christison, will you tell us a few words about the American Medical Association? Dr. Litzenberg has given his report and we would also like to hear from you.

Dr. J. T. Christison gave a brief report.

PRESIDENT BRAASCH: You have heard the discussion of the report, gentlemen, and also read the report. What is your pleasure in the matter?

DR. W. A. JONES (Minneapolis): I move its adoption.

The motion was seconded.

PRESIDENT BRAASCH: Are there any remarks or suggestions?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: We will next consider the report of the Committee on Medical School. This report has been published and you are all familiar with it and we will therefore not ask to have it read again.

We would like to hear from the Chairman of this committee who has done so much detail work, work of every kind, and submitted one of the best reports of any of the committees. We would like to hear from Dr. C. C. Kennedy, who will probably give us a few words on the matter.

DR. C. C. KENNEDY (Minneapolis): There comes to us now such statements as "Medical education is, after all, not medicine but education." A few things of that kind give you an idea as to what produces the difference of opinion relating to policy.

Just further, briefly, the Medical School Committee of the state association visited, as the report you have received shows, ten tax supported institutions in eight states. The policy of these tax supported medical schools was ascertained by contacts with officers of those schools and then an attempt was made to find out how that policy affected the practicing profession

in the various states. As our report showed you, we have the percentage of favorable and unfavorable attitudes on the part of the practicing profession toward the institutions in their respective states.

After consideration of this investigation the Medical School Committee at its last meeting, May 3, 1927, offered to this Association no resolutions, no recommendations, merely signing their names to what they term an opinion as follows: "After due consideration of its investigation of ten tax supported medical schools located in the states of Iowa, Indiana, Kentucky, Ohio, Michigan, Illinois, Wisconsin and Minnesota, and the attitude of the practicing medical men in these states toward their medical schools, the Medical School Committee of the Minnesota State Medical Association at its last meeting, on May 3, 1927, voiced the unanimous opinion that the responsibility for the policy and conduct of the tax supported medical school should be placed in the hands of men with a definite medical training and experience."

A brief summary of the information collected is herewith attached and it is signed by the members of the Committee. (Applause.)

REPORT OF MEDICAL SCHOOL COMMITTEE

A brief report is hereby submitted of the survey made in eight states visited by the Medical School Committee in July, 1926, of the tax supported medical schools and their attached hospitals. The report contains general information in regard to the University; the impression received from the contact with the dean, which impression in each instance was mailed back to the dean and duly confirmed by him; and the attitude of the medical men in each state visited toward the medical schools, their attached hospitals, and the various public health, welfare and other free medical service organizations.

IOWA

Iowa State University, Iowa City, Ia. Iowa City has a population of 22,000. The attached hospital of the University has 744 beds, and it takes county, per diem and pay patients from all parts of the state. The free patients are called staff cases. The cost of caring for county and clinical cases is $3.50 per day per patient. The hospital is operated at an expense of $1,500,000 per annum. The University has full time men in five specialties.

"IMPRESSION OF DEAN'S CONVERSATION" CONFIRMED SEPT. 4, 1926

Dr. L. W. Dean, Dean of the Medical Department, states that the policy of the school is to develop teaching and research work. He feels that this can be done only by getting men who are not commercialized and who are satisfied with a competence of from $4,000 to $7,500 per year, on a full time or part time basis; all work to be done in the University hospital, and the doctors are allowed offices in the hospital so that they will have no overhead expense. Some men are allowed as much as $25,000 annually for research in their department. He states that in this manner the greatest Medical Schools in Europe and America have been developed.

He claims that no friction between the medical school and the outside profession exists in Iowa City, and very little in the state, due to the fact that consultations are almost nil and private practices are not built up. He feels this is due to the present policy, which must continue or the plan will fail. Can assure no permanency, however.

New men are selected on recommendation of outstanding men in their respective fields.

Dr. Dean thinks that only full time men is the proper thing for the *University of Minnesota,* paid by the state or from an endowment fund. He feels that no medical school can succeed unless it has the good will and coöperation of its state medical association. Medical schools must avoid getting into competition with the profession, which it is easier to do in small towns than in large cities where he finds that consultation will be required and not as easy to avoid as in a smaller city.

ATTITUDE OF MEDICAL MEN IN IOWA

The state of Iowa has 2,301 members in its state association. This association has 95 component societies, ten of which declared themselves loyal to their medical school and attached hospitals and 25 declaring themselves against their activities.

Four societies declared themselves for the free medical service organizations throughout the state and 26 societies declared themselves against their activities as they are now conducted.

None of the societies declared themselves for the various clinics held in the different parts of the state under the auspices of the Farm Bureau. This activity was generally condemned in Iowa.

INDIANA

Indiana University School of Medicine, Indianapolis, Ind. Indianapolis has a population of 315,000. The Medical School has for its teaching hospital the John Long and James Whitcomb Riley Hospitals. These hospitals take pay, county and free patients. Full time teachers in this institution are preclinical. The University has 20 beds for private patients.

"IMPRESSION OF DEAN'S CONVERSATION" LETTER—AUG. 11, 1926

In reply to the impression sent Dr. Chas. C. Emerson, Dean of the Medical School, the following letter was received which is quoted verbatum.

"I thank you for your kind note of August 5th. It was a pleasure to meet you here and we only wish that we could have done more to entertain you.

"Of course in a conversation such as we had it was very difficult to more than touch on any one of the problems discussed, and so there is always danger that we did not make ourselves clear in some essential points. I take the liberty, therefore, to enlarge on two or three of the topics discussed.

"We feel that a state university should interest itself in the medical and surgical care of the sick at least in so far as this is necessary for the education of the medical students. Whether or not a state university should go farther than this is another question open to discussion, but one which should not be mixed

up with the preceding question. For illustration, we feel that any taxpayer has a perfect right to demand the professional service of a state university medical faculty, and, if he demands it, that we cannot refuse to grant it. So the courts would rule. But if he does receive it the rates charged him should be at least the standard rates for such service in force in that community. If the faculty can do better than the local profession then they should charge more. One definition (of course not the whole definition) of state medicine is 'professional service provided by the state and paid for in part at least from taxes rather than by the patient who could pay for it if he wished to.' As I remember it we did not discuss this aspect of the question, and yet it belongs with the whole.

"I emphasized the point that the medical and surgical education of future practitioners should be under the control of men with wide and successful experience in the practice of medicine. You will remember, however, that I added that it was these clinical teachers who, up to 1900, had practically wrecked American medical education and made it necessary for full-time laboratory men to reorganize our medical schools and to run them as they are now doing. Through their influence another generation of clinical teachers will doubtless arise who can carry on this education at a higher level than now. The clinical men have themselves to blame for the present state of affairs, and must prove themselves competent and trustworthy before education can again be placed in their hands. Personally I cannot conceive of a medical school reaching very high levels of excellence unless it is in the charge of men who have proven successful in that field of activity for which they are training the medical students. Certainly I am not all willing to grant that the clinical teachers occupy a slightly lower level in the world of pedagogy than do the full-time laboratory men. If they do it is their own fault. Europe was able to train clinical supermen. Why should not America?

"And, last, it is certainly the duty of the state universities to train medical students, and they should do it in the manner which they consider the best. To do this they must, of course, have the full support of the practicing physicians of the state, and therefore should welcome any suggestions concerning their fulfillment of this public function. And yet there is a warning to give here. Medical education must always be a decade or thereabouts ahead of the knowledge of the practicing profession, and the practicing profession in expressing itself on a subject like this will express, not the opinion of the leaders of the profession, not the opinion of those best trained or with clearest vision as to the future, but must of necessity express the opinion of those who personally feel the necessity of aid or protection from their society. The best men will have only an academic interest in the matter. Those who demand state society action are men who are feeling competition severely and therefore are seeking any means which will in any way improve their own professional progress. For this reason state medical schools are being made the target of thoroughly unjust attacks and are held responsible for much in the medical world for which they are not at all to blame. The progress of medicine is rapid, and the average doctor would like, if possible, to hold practice stationary at the level for which he was trained, and to combat those rather rapid innovations which make it necessary for him to reeducate himself about every decade. It certainly is a conservative point of view which a medical society is likely most forcibly to express, and this will usually be out of sympathy with good education.

"You are tackling this subject in the right manner. The investigation which you are making is likely correctly to evaluate this tendency, and your society promises to make a fine contribution to this subject. We certainly are tremendously interested in the conclusions which you gain, for they surely will help us all."

ATTITUDE OF MEDICAL MEN IN INDIANA

The State of Indiana has 2,565 members in its State Association, which association has 81 component societies. Five of these societies declared themselves for the program of the Medical School and its attached hospitals and 16 against the program.

Three of the societies declared themselves for the free medical programs of the different organizations throughout the State and 20 against the same.

Only two declared themselves for the State Board of Health activities.

KENTUCKY

University of Louisville, Louisville, Ky. Louisville is a city of 405,000. This is a municipal university and the attached hospital is a municipal institution. The hospital receives city and county patients and no private patients. The full time teachers here are preclinical teachers. The clinical teachers are part time and part volunteer. The hospital has 500 beds.

"IMPRESSION OF DEAN'S CONVERSATION" CONFIRMED SEPT. 20, 1926

In the absence of the Dean, Dr. Stuart Graves, Dr. Irvin Abell, Professor of Surgery in the Medical School, was interviewed. Dr. Abell states that the Medical School has no teaching affiliation with any hospital in the city other than the Louisville Public Hospital, which, insofar as professional service is concerned, is under its control. While one may always find criticism of hospital and dispensory service, he does not think that the profession as a whole has any feeling toward the medical school. He is greatly interested in the distribution of doctors to rural districts.

ATTITUDE OF MEDICAL MEN IN KENTUCKY

The state has 1,858 members in the Kentucky State Medical Association with 98 component societies, 5 of which declared themselves for the University and its attached hospital and 3 against it.

One society declared itself for the free medical service organizations' programs, and 3 declared themselves against them.

Two of the societies were for the activities of the State Board of Health and one against them.

OHIO

University of Cincinnati, Cincinnati, Ohio. Cincinnati is a city of 400,000. The University and its attached hospital are municipal institutions. The hospital has 800 beds. Free, county and pay patients are accepted. There are both full time and volunteer clinical teachers in this institution.

"IMPRESSION OF DEAN'S CONVERSATION"

Dr. A. C. Bachmeyer, Dean of the University of Cincinnati, does not believe that even the full time professors in a teaching institution should be absolutely restricted in their activity, and it is the plan of this institution to build a Staff Hospital close to the Cincinnati General Hospital so that the staff of the General Hospital can conduct their private work nearby. He thinks that if a clinical man conducts his department properly, he should be allowed freedom to practice otherwise. He does not believe that the municipality or state should collect the fees for doctors' services even though they may be on full time paid by the State or municipal teaching institution.

(In reply to the above, Dr. Bachmeyer wrote the following letter which is dated September 8, 1926.)

"I am returning herewith the notice pertaining to your visit to this institution received with your letter of the 2nd.

"I believe that there is very little reason for further comment, if you will bear in mind the fact that I regard the term 'full time' as a rather vague term, not properly defining the situation. As interpreted by us the term has never meant that the professor is required to devote his entire time and efforts to the college. We have rather interpreted it to mean that for a 'reasonable compensation' a professor has agreed to make teaching his first responsibility and we require of him that he shall devote sufficient time to his college duties to develop as highly efficient a department as possible, regardless of the amount of time per day which it may be necessary for him to use in accomplishing this purpose. We have fully recognized the fact that it was impossible for us to obtain the services of men of high calibre, such as we desire, for the compensation which it has been possible for us to pay, who would devote their entire time to college work.

"While our professors are not permitted to conduct an office away from the hospital, they are permitted to do consultation practice without definite restriction, except that such practice must not interfere with college duties."

Ohio State University of Columbus, Ohio. Columbus has a population of 285,000. It has a 350 bed hospital which takes care of free, county and pay patients. The medical faculty consists of about 50 clinical men. The rest are pre-clinical. They have 5 full-time men. Five men have offices in the hospital completely equipped by the hospital. Their practice is not limited to their University position.

"IMPRESSION OF DEAN'S CONVERSATION"
CONFIRMED SEPT. 9, 1926

Dr. Campbell, Dean of the Medical School, was absent from the city, so interviewed Dr. S. A. Hatfield, superintendent of the University Hospital, and the impression of our conversation was as follows:

Dr. Hatfield believes that the value of the teachers in the clinical years to the Medical School is greater by their having contact with outside patients. The surgical division is provided with 40 private beds and the medical division with 30 beds for the care of private patients. A properly functioning Social Service Department now being organized will correct the antagonism from the general practitioner.

ATTITUDE OF MEDICAL MEN IN OHIO

The Ohio State Medical Association has 4,648 members, which includes 92 component societies, 8 of which declared themselves loyal to the University and 12 against the present program.

Four of the societies declared themselves for the free medical service organizations' program and 18 against the way they are conducted at present.

Three of the societies declared themselves for the program of the State Board of Health and 18 against them.

MICHIGAN

The Michigan University Medical School and Hospital, Ann Arbor, Michigan. Ann Arbor is a town of 20,000. This new hospital cost the State of Michigan $10,000,000. They accept county, free and pay patients and patients who are the charges of the State. The hospital has 1,000 beds. There are full time and volunteer teachers in this institution.

"IMPRESSION OF DEAN'S CONVERSATION"
LETTER SEPT. 9, 1926

In reply to the impression sent Dr. Hugh Cabot, Dean of the Medical School, the following letter quoted below was received:

"I have taken the liberty of revising your notes on what I said, chiefly in the direction of amplifying them. I am sure that they do not depart at all from the essence of our conversation.

"You ask me to write you an outline of our policy. This is, of course, a difficult thing to do since at best I can only state in general terms the future developments which seem to me desirable without predicating their acceptance by the necessary authorities.

"Briefly my view is as follows: Our purpose here is to provide a center for medical education which will be thoroughly high grade in every particular. The development of the University Hospital must at all times be such as will fit into this plan, and I do not think that the University Hospital can wisely serve any other purpose. Obviously, the hospital provisions must be sufficient to give clinical opportunities which are entirely adequate, and it has been for some time my opinion that roughly speaking one thousand beds adequately allocated to the different departments of medicine is necessary for satisfactory teaching. In addition there must be available a sufficient dispensary clinic to allow students to see ambulatory conditions in sufficient number. Quite obviously the development of such a clinic in a country town with a population of about twenty thousand is a very different thing from a hospital similarly arranged in a large city. It has not been sat-

isfactorily shown that with proper legal provisions such a clinic can be developed in a small town. The present legal provisions by which indigent patients may be sent to the hospital by the judges of probate at the expense of either state or the county, a plan which was first developed here in Michigan and subsequently adopted in Iowa, has worked very satisfactorily. In addition, such a University Hospital should make provision for patients known here as 'Affidavit Patients' to indicate that they are able to pay hospital expenses, but not physicians' fees. This provision must clearly be carefully watched since it is and always has been open to abuse. It is, however, not different from the provisions made by other hospitals all over the world.

"In regard to the acceptance of private patients on any basis, there is, I think, a principle involved which should not be overlooked. It would be an unsatisfactory policy from the point of view of development of the best type of clinical teaching to limit the teachers to the care of indigent patients. If this is done, there is apt to develop, as it has developed in foreign clinics to a notorious degree, an atmosphere concerning the patient which is not that which should be taught the students. This system, I believe, inevitably develops habits of mind which are incompatible with the best ideals of the practicing physician. It seems to me, therefore, to follow that the clinical teachers, more especially in the higher grades, should not only be allowed, but encouraged, to see all classes of patients with a view to keeping closely in touch with the world. This may be carried out in several ways, two of which are, either to allow these men to carry on private practice as is readily possible in large cities, or to allow them to receive at the University Hospital a limited number of private patients. The latter method seems to me best suited to avoiding two dangers: one, a very undesirable waste of time, and, second, what might be regarded as unfair competition with the medical profession. The first objection is much more serious here than in a large city since the amount of time necessary for private practice readily becomes excessive and withdraws these men from their hospital work to an undesirable extent. I think the principle of full time in clinical departments is absolutely essential to the best development of these departments since I believe the day has gone by when the men of professional rank can treat their clinical work in a casual way. 'Full time' should not be regarded as having any particular formula, but merely the devotion of a large proportion of the professors' time to teaching research and organization. If the method of allowing them to have pay patients at the University Hospital is adopted it is readily possible to see that their time is now wasted in traveling and the many time consuming things which occur in private practice and also that the proportion of their energies devoted to this side of the work is properly limited so that their competition can be kept at a reasonable level. I believe in this way the medical profession would be much better protected than under the other system where there inevitably develop private hospitals, as two have developed here, which would very largely distract the attention of these men.

"The possible objection that there might be built up in this way a large private clinic under the auspices of the University is an objection which can be avoided through the authority of the Board of Regents. Under no other system is there an equally powerful body which can effect practically absolute control. This seems to me the best guarantee of orderly development and the ideals of university life are likely to curtail dangerous developments more certainly than any other method.

"It is quite clear to me that in the proper development of the principle of 'full time,' no formula can be developed which is suited to many different medical schools. The local situation in regard to economic, financial and social development must always be taken into consideration. If those who are chiefly concerned with this development will avoid formulæ and constantly bear in mind their two objectives, one, the development of medical teaching, and, two, the sound maintenance and development of medical practice, they will avoid the obvious pitfalls in this road.

"In regard to Students Health Service, I have no very clear opinion. This service here is in no way connected with the Medical School and consequently I have not had to worry about it. The principle that students' health should be a proper source of concern to the University seems to me sound. The further principle that lack of finances should not interfere with the proper care of students' health also seems to be sound. Sound habits in the care of health can and should be taught and these habits can best be taught by practice and not by preaching. The plans now in effect for caring for the health of students seem to me probably sound, though I can see ways in which I think they could be improved and in which the danger of pauperizing students, which is perhaps sometimes valid, could be more certainly avoided."

Detroit College of Medicine and Surgery, Detroit, Mich. Detroit is a city of 1,500,000. The college is under the Board of Education of the City of Detroit. The main building has a receiving hospital, which is the only true municipal institution in Detroit, and houses 565 patients. All patients are free. It is the clearing house for accident cases. A great deal of accident work and general surgery is done here. This school has full time men in the maternity and internal medicine departments.

"IMPRESSION OF DEAN'S CONVERSATION"

In the absence of the Dean, Dr. W. H. MacCraken, interviewed Dr. Inga Werness, Registrar of the Medical School, who takes the Dean's place in his absence. Dr. Werness feels that the Detroit College of Medicine has the support of the medical profession of the city and state. The full time teachers, preclinical or clinical, are not entirely restricted to their teaching.

ATTITUDE OF MEDICAL MEN IN MICHIGAN

Michigan has 3,192 members in the State Association with 55 component societies. Four of the societies declared themselves for the present program of the medical school and its attached hospital, and 16 against it.

One society declared itself for the free medical service program of the various organizations and 15 against it.

Only 1 society declared itself for the Board of Health program.

ILLINOIS

University of Illinois, College of Medicine, Chicago, Ill. Chicago has a population of 3,000,000. The University's attached hospital is the Research and Educational Institute of 400 beds with its large free dispensary. It also uses the Cook County Hospital and Augustana Hospital for its teaching purposes. There are full time and part time preclinical and clinical teachers, some three-fourths time and many old volunteer clinical type of teachers in this institution. The budget is $633,000 annually. The patients in the Research and Educational Institution are charity patients, about 70 per cent of them being negroes.

"IMPRESSION OF DEAN'S CONVERSATION"
LETTER SEPT. 14, 1926

Dr. D. J. Davis, Dean of the University, does not believe in the full time idea. Thinks that even preclinical men are entitled to outside contacts. He believes that the State of Illinois is obligated to educate doctors to take care of the citizens and also to develop research institutions. Out of his many clinical teachers, volunteer or otherwise, very rarely a lecture is missed and he is always notified in advance. (In confirming the above, Dr. Davis wrote the following letter):

"I have a letter dated September 3 from you enclosing a statement of impressions which you received from our conversation July 19 last concerning medical matters in general. I should like to restate some of your sentences. You say in your first sentence that I do not believe entirely in the full time idea for either preclinical or clinical medical teachers. I believe in the full time idea for heads of departments of the preclinical sciences. I think that for subordinate positions in such sciences that work might be to some extent carried on by men who have other contacts, such as hospital positions, practitioners, etc. In sentence number two, this should read 'providing this does not interfere with their *University work*.' One of the great difficulties with outside contacts is that the *productive work* of the teacher is often apt to suffer though he may carry on his teaching very well. This, of course, is a serious matter, so far as research work is concerned, and Universities must of course be engaged in this type of work. I feel that the important positions in both clinical and preclinical branches should be filled with the men who in their outside contacts should be doing work of a consulting character very largely. For example, in pathology, the important men in this department should not be engaged in ordinary detailed diagnostic work. They may very well be permitted to engage in consultation. I do not wish to give you the impression that I believe in going back to conditions that existed years ago when practically all medical work in the colleges was carried on by practitioners of medicine. This would be an impossible situation today. Men who are connected with universities should take very seriously their university positions and should in no way permit their outside interests to interfere with their devoting a considerable part of their time to university work, both teaching and productive research. With some exceptions, I think that men both in preclinical and clinical branches should in their relations to the university devote not less than about one-half of their time to university work."

ATTITUDE OF MEDICAL MEN IN ILLINOIS

Illinois has 7,609 members in their State Association with 98 component societies. Six societies expressed themselves for the medical school program and 12 against it.

Two societies expressed themselves for the free medical service organizations and 23 against them.

Three societies were agreeable to the activities of the State Board of Health program and the balance against them.

WISCONSIN

The Wisconsin University, Department of Medicine, Madison, Wis. Madison is a town of 50,000.

The Wisconsin State University General Hospital and Medical School is a State University and Hospital. The entire student body of the Wisconsin University, including the summer session, numbers 8,000. The Medical School is a modern institution.

The Wisconsin General Hospital has 430 beds, 70 per cent of which are for free patients, 20 per cent for per diem patients and 10 per cent for pay patients. Free patients cost the state $4.75 per day. They are made up of certified county patients and Board of Control patients who come from different state institutions and for whom the state is responsible. All patients sent to this institution are sent there by doctors.

All the preclinical branch teachers are full time men paid by the medical school budget. In the clinical branches there are three full time men in surgery, three in medicine, one in pathology and one in pediatrics. These men are paid from the budget of the medical school and from the fees of their own work. The outside activities of these men are limited only by their teaching. Of the three full time men in medicine, one does not have an outside office. The full time men receive salaries as follows, $7,000, $6,000, $5,100. Dermatology and part time men receive $1,000 per year and the assistant, $600. Pathology is on the state and general budget.

The hospital has twelve interns and six residence. The full time men receive salaries of $7,000, $5,000 and $3,000. These men have outside offices. Part time men in the department of surgery in orthopedics, plastic surgery, obstetrics and general, ear, eye, nose, and throat receive salaries running from $600 to $1,500 a year. In pediatrics they have one full time man at $3,000 and a part time man at $2,750.00.

"IMPRESSION OF DEAN'S CONVERSATION"
CONFIRMED SEPT. 29, 1926

Dr. Bardeen does not believe teachers should be restricted as to consultation but ought to do all hos-

pital work in the University Hospital and keep the fees of patients able to pay for work of specialists. Feels that the type of man selected for teaching and research should be one who would not commercialize the University teaching position and would command the trust of the outside profession.

Dr. Bardeen thinks that the preclinical man should not head the clinical departments.

He thinks that close relationship should be maintained between such departments as pharmacology and genito-urinary for example so that the clinical branch can apply developments of preclinical branch, as he finds that the clinical man must interpret the research findings to the profession. He finds, as a rule, that the clinical man is asked to read papers in preference to the preclinical man.

He feels that both branches must be in position to avoid the interference of outside contacts or practice so that ample time can be given to the research problems at hand.

Dr. Bardeen believes that the German system of allowing preclinical teachers to augment their University salaries by charging students helps to equalize financial incomes of the preclinical men and clinical men, but doubts if this system is likely to be adopted in America in the near future. He believes that the medical teacher should have all types of patients.

Dr. Bardeen thinks that the method of the Wisconsin General Hospital, of having all of its patients come referred by the doctors in the state, is resulting in the outside profession's support.

The attitude of the profession in general, when the clinical work was established at the University, was one of waiting to be shown. Some men were strong supporters, some inclined to oppose. On the whole, he believes the feeling of friendly confidence has been rapidly growing.

Dr. Bardeen thinks that the state is obligated to care for the health of the people if it intends to keep the health of all good. This applies especially to the Student Health Service where the greater part of the full time doctors' time is spent on education and preventive medicine.

ATTITUDE OF MEDICAL MEN IN WISCONSIN

The State of Wisconsin has 1,959 members in its State Association with 52 component societies. Five of the societies declared themselves for the medical school and its attached hospital and six against their program.

One society declared itself for the free medical service organizations and 12 against them.

Only 1 society was agreeable to the activities of the State Board of Health program.

MINNESOTA

The University of Minnesota, Minneapolis, Minn. Minneapolis has a population of 500,000. The medical school's attached hospital is known as the Minnesota General Hospital and has 250 beds. It takes free, county, per diem and the charges of state institutions and pay patients. It has full time and volunteer clinical teachers.

"IMPRESSION OF DEAN'S CONVERSATION" CONFIRMED APRIL 26, 1927

Dr. Lyon advised that the only official rating of medical schools that he knows of at this time is that of the American Medical Association, which rates the Medical School of the University of Minnesota as "Class A," which is the highest rating.

He thinks that a pay patient clinic in a tax supported institution is no more competition for the practicing profession than any other kind of highly developed clinic in the same locality; in fact, less competition, as the full-time doctors on the faculty have no down-town offices.

Dr. Lyon feels that he should have about 50 beds for pay patients and that all full time men in each department, full time clinical teachers and the others of lower rank in the respective departments should be allowed the privilege of pay patients at the University Hospital. He has no objection to other competent men bringing their cases to the University Hospital so far as facilities permit, but this proposal has never come before the Board of Regents.

He thinks that full time men, even though adequately paid, should have a limited privilege of consultation for the purpose of keeping in touch with the profession.

650 beds or more is the size of the teaching hospital desired at this time.

With good support from the practicing profession, Dr. Lyon thinks that plenty of clinical material can be obtained.

He thinks that perhaps some method might be devised wherein reputable physicians and surgeons may keep in some sort of touch with their patients in the teaching hospital. Such physicians are always welcome at the hospital.

Dr. Lyon would as soon as possible develop four departments on an approximate full time basis: Pediatrics, Surgery, Medicine, Obstetrics and Gynecology.

Feels that any man choosing a University career should be satisfied with the compensation that goes with it and should avoid building up a large private or consultation practice.

In regard to basing the salaries on the customary professorial rank, Dr. Lyon feels that larger salaries would have to be paid to clinical teachers of medicine and surgery as there is a greater demand for them and their earning power is more than that of the other professors in the various departments of the University. He would recommend salaries from $9,000 to $12,000, ranging downward, for two or three assistant professors.

He feels that the above is also true to some extent in cases of teachers of sociology and some other branches where there is a large outside call.

The University should provide some kind of old age provision for its professors on some sort of an insurance basis contributed to by both the institution and the professors during their active years. This would provide a feeling of security for the teacher so that he can give his best efforts to the school.

ATTITUDE OF MEDICAL MEN IN MINNESOTA

Minnesota has 1,755 members in its State Association with 36 component societies. Two of these societies declared themselves for the medical school and its attached hospital and 17 against the program.

There were no declarations for the activities of the various free medical service organizations, and ten societies declared themselves against their programs.

Only one society declared itself for the activities of the State Board of Health Program.

SUMMARY

A brief summary is hereby submitted of the investigation made of the attitude of the component county medical societies of eight states towards the activities of the medical schools and their attached hospitals in their respective states, the free medical service program and the state and federal health activities as well as the Sheppard-Towner Act. Letters were sent to the presidents and secretaries of these societies, and their replies were as follows:

State of	Number Members of State Medical Assn.	Number Component County Societies	Number Official Replies Received	ATTITUDE OF COMPONENT COUNTY MEDICAL SOCIETIES on activities of: Medical School and Hospital For	Medical School and Hospital Against	Free Medical Service Program For	Free Medical Service Program Against	State Board of Health For	State Board of Health Against
Michigan	3,192	55	22	4	16	1	15	1	6
Illinois	7,609	98	30	6	12	2	23	3	
Wisconsin	1,959	52	17	5	6	1	12		
Ohio	4,648	92	22	8	12	4	18	3	18
Kentucky	1,858	98	12	5	3	1	3	2	1
Indiana	2,565	81	29	5	16	3	20	2	1
Iowa	2,301	95	39	10	25	4	26		16
Minnesota	1,755	36	12	2	17		10	1	
	25,887	607	182	45	97	16	127	12	42

Official replies were received from 30 per cent of the letters sent out. As the above report indicates, 60 per cent of the official replies declared themselves against the present program of their medical schools and attached hospitals for the following reasons:

1. Because of the severe and unjust competition of the medical school hospital with the practicing profession.

2. Because of the tendency towards state medicine.

3. Because of the resulting pauperization of the public.

4. Because of the excessive expense to the taxpayer of centralizing the medical care of the indigent poor.

Twenty-four per cent of the official replies declared themselves in favor of their medical schools and attached hospitals in terms of loyalty.

In regard to the free medical service program, 70 per cent of the official replies denounced the programs as carried on by the different organizations and 9 per cent of the replies were in favor of the same.

Twenty-two per cent of the component societies declared themselves against the state and federal health activities including the activities resulting from the Sheppard-Towner Act and 7 per cent were in favor of the same.

This investigation was completed December 22, 1926.

After due consideration of its investigation of ten tax supported medical schools located in the states of Iowa, Indiana, Kentucky, Ohio, Michigan, Illinois, Wisconsin and Minnesota, and the attitude of the practicing medical men in these states toward their medical schools, the Medical School Committee of the Minnesota State Medical Association at its last meeting on May 3, 1927, voiced the unanimous opinion that the responsibility for the policy and conduct of the tax supported medical school should be placed in the hands of men with definite medical training and experience.

A brief summary of the information collected is herewith attached, setting forth, state by state, the medical schools as they appeared, the policy of each institution as stated by the dean, and the attitude of the practicing profession toward their medical school insofar as it could be ascertained.

The information collected is on file in the office of the State Medical Association for perusal.

H. M. JOHNSON, M.D., Chairman.
CLAUDE C. KENNEDY, M.D., Secretary.
GEORGE DOUGLAS HEAD, M.D.
GEORGE EARL, M.D.
E. STARR JUDD, M.D.
W. L. BURNAP, M.D.
ARTHUR N. COLLINS, M.D.

Dated May 6, 1927.

PRESIDENT BRAASCH: Gentlemen, you have heard this report read as well as heard the remarks on this report. What is your pleasure in the matter? A motion to adopt it or reject it is in order.

DR. W. A. JONES (Minneapolis): I move its adoption.

The motion was seconded.

PRESIDENT BRAASCH: Are there any remarks, additions or criticisms to be made?

DR. W. L. BURNAP (Fergus Falls): Once in a while a man does a real fine piece of work, and I know of no better time to let the House of Delegates know that Dr. Kennedy did a great piece of work in looking up this medical school educational matter. If you could see the amount of work he did and the amount of material which is on file in the Secretary's office, you would know that Dr. Kennedy has done a very fine piece of work. (Applause.)

PRESIDENT BRAASCH: I am sure we all agree.

PRESIDENT BRAASCH: Are there any further remarks, criticisms or suggestions to be made?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: We have another Committee to hear from, the report of the representative to the annual congress on medical education, medical licensure, public health and hospitals. It has already been published in MINNESOTA MEDICINE (Vol. 10, p. 240) and you are doubtless familiar with it so it is not necessary for it to be read. Dr. Tuohy, the representative, is with us and we would like to hear from him on any additional remarks or suggestions he would like to make.

DR. E. L. TUOHY (Duluth): I am indebted to the officers of the State Association and Dr. Braasch for the invitation to attend that meeting.

I had a little previous personal knowledge of the enormous amount of work being carried on by the American Medical Association and the very effective organization they have to assist in carrying it out. If you will read the report there may be matters of interest in it and in the very few minutes that I would take your time I would call attention to several headings.

First, it is becoming entirely clear to all educators, and to most of our component medical societies, that medical education is not something restricted to the student in his undergraduate period.

It is not entirely clear, under the second heading, that our medical societies as yet have found the most ideal method of furthering the instruction of the rank and file of the profession. Whether large meetings such as are held by the American Medical Association or those held by the Interstate Assembly are as effective as they might be is open to considerable question.

There is grave question on the part of the best medical educators in the country as to what should or should not be included in actual medical teaching. As is usual on two sides of an issue, or many sides of an issue, some hold that many things now taught in the medical schools should be relegated back to the primary or secondary schools. There are others, with whom I hold, who think the exact reverse should be done, to some degree at least.

Leading to the next heading that I have given some thought to and have had more or less to say in the past year and a half as applied to our own medical school, for which we need offer no excuse or apology, it seems to me we should encourage some of the primary branches, such as physiology, and work more closely in the teaching of such subjects in the medical schools than is done at present. We have already witnessed how it can be done in the extraordinary and effective coöperation between pathology and bacteriology in the actual teaching of medicine.

I took the occasion, on this trip I made, to go to the various schools in Chicago and I found they were no better off regarding physiology than we are in Minnesota. In Western Reserve a very strong physiology department is coming in much closer contact to the actual student in his teaching than in most places.

I think a little encouragement from the State Association and from those on the outside would make it possible to develop what we may call clinical physiologists because the people who come to us are not always sick with disorders that are, strictly speaking, changes pathologically or anatomically, but a large proportion of the people we see are suffering from functional or perverted physiological states.

A step has already been made and I would like to see the time when some of the splendid work, such as is done by the pathological department in Minnesota, in physiology or in chemistry, might be brought directly over into our meeting.

On the next order I would point out that anyone who has a day in Chicago should go over and go through the American Medical Association building. Those men over there are working like Trojans, as we say. They have a wonderful lot of information about you and me. They are rapidly building up a system that checks every student from the time he enters medical school until he quits practice or dies.

In that very order, if you will read this report and look into the standardizing efforts of the American Medical Association, you will come to see that no hospital at the present time can be an end in itself. If it is not a part of the education of students, undergraduates, it is a part of the education of the practitioner in his graduate work, and that fact is perfectly clear to these men as it has been to educators for a long time that a hospital cannot be a success that does not attempt to coördinate its work; and there is no better coördinating agency so far devised than accurate pathology.

Gradually leading up to what is obvious, that without autopsies carefully made and equally carefully studied, a hospital is not a good place for an interne and not an efficient place for a practitioner. We have had the ruling recently that no hospital offering less than ten per cent of autopsies of those who die will be accredited for an interne.

We cannot all be Joslyns and secure autopsies by his ingenious method. In utter frankness he goes to his patient, probably a diabetic, and says, "My statistics show that I can perform two operations to promote your comfort. Will you not grant me the opportunity to have one operation after you die to secure comfort for others? Will you not, after you are through with your pancreas, let me have it?" Nearly 100 per cent of his patients permit an autopsy.

It is clearly indicated by all the educators that we are not going to get this critical, this positive method of advancing our standard and our accuracy in hospitals and in practice unless something is done to take away the fear and the horror the public has of autopsies.

In this regard the profession is not nearly as alert as it should be. Altogether too many physicians are doing what I found down in one of our largest hospitals in Minnesota, after the pathologist has secured permission to hold an autopsy the patient's surgeon said, "No, we do not care to have an autopsy."

I know nothing better than to go on record to encourage medical education throughout the state and throughout the hospitals by devising some method of popularizing autopsies. (Applause.)

PRESIDENT BRAASCH: What is your pleasure in the matter of this report?

DR. H. M. WORKMAN (Tracy): I move its adoption.

The motion was seconded.

PRESIDENT BRAASCH: Are there any remarks, suggestions or criticisms?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: We have with us now Dr. Pearce of the Committee on Hospitals and Medical Education. The report has been published and has been read by all of you so it is unnecessary to read it again, but we would like to hear from him briefly on any suggestions or additions he would care to make on this subject.

We all recognize how much good work he has done, how thoroughly, and the pamphlet the Committee has published is, without exception, one of the best things published on this subject. We would like to hear from Dr. Pearce. (Applause.)

DR. N. O. PEARCE (Minneapolis): Mr. Chairman, Members of the House of Delegates: We have only two problems in this extension work that I think need your time and discussion, and the first one is that we still have only, I might say, less than half of all the county organizations who have appointed committees on medical education. We can't work with a local society unless we have somebody in that organization who has been appointed by the society to work up local sentiment. That is one thing I am anxious to do, have the delegates take some action so that we can go back to the local societies and impress on them the necessity of getting those committees appointed and then when the committees are appointed having them get in touch with the state committee so we can help them get some of this work organized in their own society if they want to.

The other thing is in this report where I discussed the possibility of several different types of extension work. I think the one we are using in Minnesota is the most economical and probably the most practical for this state. So far in the work we have been doing we are not spending a penny of the State Association funds. The money being spent and the material furnished is being furnished by the Extension Bureau of the University and these courses are carried on in coöperation with the Medical School in the Extension Division of the University.

However, there is some question in my mind whether it would not be wise to have an appropriation so that we could, for part of the year, have someone in the field who could go about to the different organizations and get up some interest and help to organize these courses. In the East, where these courses have met with success it has been very largely the result of field agents working practically all the time keeping up interest in the local societies and getting them organized.

I think if the House of Delegates would take some action to speed up the local societies to get their committees appointed and get on those committees fellows really interested in doing something of this kind, it wouldn't be necessary for us to put a man in the field. I believe the thing is good enough to go over without all of that work. However, I want to submit that to you for discussion. (Applause.)

REPORT OF THE COMMITTEE ON HOSPITAL AND MEDICAL EDUCATION OF THE MINNESOTA STATE MEDICAL ASSOCIATION

June 1, 1927

The committee has principally occupied itself with the promotion of Extension Education for the general practitioner and has also in coöperation with the Committee on Hospital and Medical Education of the American Medical Society been instrumental in having Eitel Hospital of Minneapolis accepted as a registered hospital for the training of internes. One other hospital is now under consideration but so far the investigation has not been completed.

Relative to the work on Medical Extension, your committee has with considerable effort and in coöperation with the Extension Division of the University, compiled a little booklet covering in detail the plan for Extension Post Graduate Courses for practicing physicians. The entire expense of printing this book has been borne by the University. Some expense was incurred by the State Medical Society in sending out letters and postal cards while compiling the list of instructors. Other than this, no expense has been incurred by this committee.

GENERAL PLAN

The plan of operation which has been adopted contains the following features. All plans, however, are subject to alteration to suit the needs of local organizations.

1. Ordinarily the courses are organized and conducted through the Committee on Hospital and Medical Education of the local medical society, where such committees have been appointed; and where such committees have not been appointed, they should be appointed at once. Where it is not practical to oragnize a course under the auspices of the local society, any group of physicians, who are members of the state association, may organize themselves according to the same plan as outlined for the county society. One man should be selected as secretary or local manager; he

should conduct the correspondence and make all local arrangements.

2. The courses are planned to meet one day each week for as many weeks as the class may elect. The time is to be occupied either with morning clinics and afternoon lectures, or afternoon clinics with evening lectures. Normally each clinician may be expected to hold a clinic occupying from one to two hours, and to deliver a lecture or lantern slide demonstration occupying about the same time. Either one or two subjects and lectures may be had for each meeting.

3. It is not desirable to plan for less than an eight-week program, which would mean sixteen subjects with two lecturers, or eight subjects with one. The class may exercise the privilege of selecting subjects and instructors from the list which is found on page 4. Should there be some local man who is desired for some subject in the program, this can be readily arranged.

4. The cost of each course can be approximately computed by ascertaining the round trip railroad fare and ordinary traveling and living expenses from the home of each instructor selected, adding a slight overhead for the administrative work of the Extension Division. The instructor may come by train, bus, or his own automobile, but the expense is figured on the basis of the railroad fare. It is understood that the instructor serves without compensation.

5. If the course can be arranged for two adjacent centers on consecutive days with the same subjects, the cost will be considerably reduced.

6. It is the duty of the local center to provide a place for the clinics and lectures, and to see that the necessary clinical material is provided. The responsibility for furnishing the necessary clinical material is on the local center. Directions will be sent setting forth clearly the preparatory work that is expected on patients before they are presented for the clinic. When a stereopticon is needed, the local center is expected to provide it.

7. When the local committee have decided upon the number of days and subjects, and have completed registration for the class, the committee may select the day of the week, and the hour at which they wish the clinic or lecture to commence. It is advisable that arrangements be made so that the instructor will be on the ground at least two hours before the time for the clinic so that he may go over cases with the local men before attempting to present them to the class. Plans should always be made with an eye to the arrival and departure of trains.

8. In the printed list of instructors, it will be noted that there is a very brief outline of the subjects to be presented. Some instructors' work is such that they could not be expected to conduct a clinic, the subject being such that it lends itself only to didactic instruction. It should be noted that in all cases where the instructor is prepared to give a clinic, that fact has been noted under his name.

Each instructor has agreed to file with the Extension Division of the University of Minnesota a detailed outline of the subject which he will present, and such outlines will be available for the committee should they wish to study the subject further before making a selection. Furthermore, when the course is actually under way, outlines for each instructor will be sent on ahead so that each member of the class may have one on the subject to be presented.

9. As soon as the subjects for the course have been selected, the local committee should forward the list to the Extension Division of the University of Minnesota, indicating first, second, and third choice, and the exact cost of the course will be computed. Upon receipt of this, the local committee should collect the required amount from the class and send it in to the Extension Division. Payment in full is expected before the course begins. All checks should be made payable to the University of Minnesota.

10. If a consecutive or sequential course on one general subject by one man is desired, it is probable that it can be furnished. Special arrangements should be made for this form of course through the Extension Division of the University. Correspondence with the committee is invited on subjects not listed in this circular.

11. Material for county or sectional medical society programs may be selected from this list and arranged through the Extension Division.

12. All correspondence relative to the organization of these courses should be directed to Mr. R. R. Price, director of the Extension Division of the University of Minnesota.

All inquiries relative to instructors or subjects should be directed to Dr. N. O. Pearce, 823 Nicollet Ave., Minneapolis, Minn.

The question of Postgraduate Education for practicing physicians at this time is receiving very considerable attention throughout the country. Most of the states through their Universities or their State Medical Societies, or in some cases, as Minnesota, by a coöperative endeavor, are offering some plan of Postgraduate work to the doctors of the state. In most states, there are short review courses offered at leading medical schools. This type of instruction is popular only to a limited degree. In the old days when a physician could atend a medical school for a postgraduate course for sixty or ninety days and return to the community as a specialist there was considerable incentive and certain schools who were offering short postgraduate courses in different specialties were meeting classes of considerable number. However, in more recent years since this type of specializing is no longer popular, the number of men attending short review courses are proportionately smaller. Many Universities have abandoned this type of instruction entirely because of lack of interest on the part of physicians.

In Minnesota this work has been offered once or twice a year for the past seven years. In spite of every effort on the part of the Medical School to furnish the very best material and instruction and to make the subjects as varied and interesting as possible, there has been a tendency to smaller rather than larger attendance. The cost has always been kept down to a minimum which would scarcely cover the expense. We

have been circularizing nearly five thousand physicians of the Northwest for these courses and the attendance ranges from 35 to 100 registrations. A rather interesting feature is that the course that drew the greatest number was one in physiotherapy.

Relative to the extension type of graduate work, there are three general plans in operation:

1. The Minnesota plan, which involves every county society appointing a committee on hospital and medical education. This committee on their own initiative to stimulate local interest and arrange through the state committee for such courses as they desire. The Minnesota plan offers the local committee the choice of

In Surgery	53	Instructors offering	57	lectures
In Medicine	58	" "	102	"
In Obstetrics	5	" "	8	"
In Pedriatrics	14	" "	25	"
Miscellaneous	7	" "	9	"
	187		201	

All of these instructors are specialists, most of them well known teachers and all well equipped to present their subjects. This plan involves no expense to the society and a minimum expense to the physician subscribing to the course. The larger faculty list will make it possible to carry on a considerable number of courses at the same time without hardship and wide variety of subjects should make it possible for any group to obtain the type instruction desired. Some other states are using this general plan with local modification.

2. A plan which is in vogue in a number of states, and sponsored either by the University Medical School or the State Medical Society or in some cases the County Societies, where one or two instructors are employed full time, courses are arranged covering a period of 8 or 12 weeks in six communities, the instructors traveling from place to place so as to meet each group one day each week. Necessarily this plan involves the paying of a considerable amount in salary to these full time men, also traveling and living expenses. This plan also involves a considerable amount of detail in arranging the classes so that the instructors may be fully occupied and the distance between groups be not too great. States where this plan has been a success have found it necessary to maintain an organizer in the field most of the time. Necessarily the work offered by instructors in a plan of this type would be considerably limited in scope. This plan necessarily is expensive and does not offer the wide variety of instruction afforded by the plan now used in Minnesota.

3. A plan which is in use in larger centers and undoubtedly will become more popular as time goes on, is a class organized for a period of 8 to 12 weeks, hiring a well known instructor to present a course of lectures in his specialty. This is a plan much in favor in New York State and a very successful course of this kind has just been completed in Duluth. However, this method again involves payment of a salary to the instructor as well as expenses. Your committee in cooperation with the Extension Division and the Medical School of the University are preparing to arrange for such courses should any local group so desire.

Up to this time, less than half of the component societies of the State Medical Association have appointed committees on Medical Education and Hospitals and the desire of this committee is that the house of delegates take some action which will speed up this part of the program. While there have been courses almost continuously in operation since this type of postgraduate work was initiated three years ago and while the men who have taken these courses have expressed themselves highly pleased with this work, the committee feels that there is not quite the keen interest on the part of a good many sections of the state, that the excellence of this type of graduate work merits. The committee would appreciate a discussion by the delegates of our present plan of operation. Any suggestions as to more effective methods of stimulating interest among the physicians of the state, particularly the advisability of employing a field organizer for some part of the year, will be appreciated.

Respectfully submitted,

N. O. Pearce, M.D., Chairman.

President Braasch: You have heard the report and are familiar with it. You have heard the remarks and suggestions made by Dr. Pearce, Chairman of the Committee. What is your pleasure?

Dr. W. A. Jones (Minneapolis): I move its adoption.

The motion was seconded.

President Braasch: Before proceeding, have you any suggestions to make as to the adoption of the suggestion Dr. Pearce made in regard to a field secretary, or any other suggestions he made? Are there any suggestions as to the way this should be worked out? Are there any criticisms or suggestions from those delegates in the districts where it has been tried out?

Dr. A. C. Tingdale (Minneapolis): I move that part be left to the Council.

President Braasch: You make a motion to that effect?

A motion is before the house and we will take it up later on.

The motion was put to a vote and carried.

Dr. A. C. Tingdale (Minneapolis): I move that that part of his suggestion be left with the Council.

The motion was seconded.

President Braasch: It has been moved that this matter be left to the Council for executive action.

The motion was put to a vote and carried.

President Braasch: Dr. Stang of Wisconsin, will you rise and let us get acquainted with you?

Is there anything you would care to say? We would be glad to hear from you.

Dr. H. M. Stang (Eau Claire, Wis.): I only have to say that I was sent as a delegate from the state of Wisconsin to find out what I could learn that would be of value to us. Last year it was voted that the state of Wisconsin send four delegates, one to Iowa, one to Michigan, one to Illinois and one to Minnesota.

At the state meeting, which is to be held in Eau

Claire on the 21st, 22nd and 23rd of September, reports will be made by the various delegates and we will try to work out in these reports information that will be of value to us in increasing and bettering our society.

So far I can say I have certainly enjoyed sitting in this meeting and appreciate being here. (Applause.)

PRESIDENT BRAASCH: You may be interested to know, Dr. Stang, that this House of Delegates has adopted a similar motion sending delegations and we will propose the coming year to send a delegate to Wisconsin and return your visit.

DR. H. M. WORKMAN (Tracy): Mr. President, I would like to move inasmuch as the House of Delegates adopted the Constitution as read by section, that they now adopt it formally so that there will be no question about the adoption of the Constitution as presented here.

I move that the Constitution be adopted as amended.

The motion was seconded.

PRESIDENT BRAASCH: It has been moved and seconded that the Constitution, which has been previously read in detail, be now accepted in toto as amended.

Are there any remarks, suggestions or objections?

DR. F. J. SAVAGE (St. Paul): I think in order to comply with the provisions of the Constitution, the amendments and By-laws that have been offered today will have to be acted on at the next meeting. The Constitution itself is open for adoption or rejection now.

PRESIDENT BRAASCH: Any further remarks?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: I might say that this Constitution, as you all know, has meant a lot of work, particularly by the Chairman, Dr. Savage, and embodies the progress of the times and stands today as one of the best Constitutions in existence.

I might call upon the Resolutions Committee and ask whether they have any report to make as yet. If they have any suggestions to make we will be very glad to listen to them. Dr. Jones is Chairman.

DR. W. A. JONES (Minneapolis): The Resolutions Committee has not organized, but it will this noon. I will be ready to report tomorrow.

PRESIDENT BBAASCH: Next we will proceed to new business.

In the matter of new business you have all received several communications which are in the shape of resolutions which it is not necessary to read but if the authors of these various resolutions will take the floor and move their adoption they will then be referred to the Reference Committee for consideration and they will meet today as Dr. Jones says. They will report at the next meeting tomorrow noon and we can discuss it at will then.

The first communication under new business that has been received by the Secretary was that from A. G. Schulze and I don't think it is necessary to read this report now. It has already been published but we can go over the details later on with the report of the Committee.

If Dr. Schulze will move its adoption we can expedite matters.

DR. A. G. SCHULZE (St. Paul): I move the adoption of the resolution as published.

The motion was seconded.

PRESIDENT BRAASCH: Any remarks?

DR. W. A. COVENTRY (Duluth): I wonder if it is good form to adopt the resolution now. It should be referred to the Resolutions Committee.

PRESIDENT BRAASCH: It has been moved that it be referred to the Resolutions Committee. Will you so make your motion?

DR. A. G. SCHULZE (St. Paul): Yes.

The motion was put to a vote and carried.

PRESIDENT BBAASCH: The Council has invited Dr. A. J. Chesley, executive officer of the State Board of Health, to appear before the House of Delegates and he will present a resolution. Dr. Chesley, will you briefly tell us about your resolution? It has been published and we are doubtless familiar with it, but we will be glad to have some remarks from you.

DR. A. J. CHESLEY (St. Paul): The suggestion made by the State Board of Health is that insufficient information is available in the study of maternal deaths at the present time. It is said that the rate of maternal deaths in the United States are below all those in civilized countries.

In what Dr. Litzenberg said a while ago he says that the classification of the causes of death are so different in different countries that after all there is no fairness in comparing the rates as published without qualification of one country with another country's rates. In the states of Kentucky and Virginia, although the medical societies have asked the State Boards of Health to conduct such a study, if the society decides that it desires such a study the State Board of Health has funds with which it may be conducted. A competent physician will be chosen to do the work who will visit every physician and midwife as soon as possible after maternal death occurs, while the information is still in mind, and get the information which is provided for on the form gotten up by the committee named in the resolution. They are all prominent men. The heading of this form will be, "Minnesota State Medical Association, State Department of Health."

We have approximately 300 maternal deaths a year and you can see from the chart they are not decreasing. They run about the same all the time. As far as we can determine from our report, about 60 per cent of the deaths may be assigned to causes as follows: about 40 per cent are caused by sepsis of some form and about 20 per cent by toxemias of pregnancy, but whether these women were in the hands of physicians before confinement, what kind of care they had and so on, is unknown and the committee named in the resolution thinks study along that line might develop information which would be useful to the profession.

The State Board of Health is at your service if you desire to have this work done. (Applause.)

DR H. M. WORKMAN (Tracy): I move that resolution be referred to the Committee.

The motion was seconded, was put to a vote and carried.

PRESIDENT BRAASCH: We certainly welcome Dr. Chesley's presence and assure him we will be glad to coöperate with him in so far as we can at all times.

The next resolution was presented by Dr. E. A. Loomis. Dr. Loomis, would you care to do your stuff?

DR. E. A. LOOMIS (Minneapolis): This resolution is the one referred to in Dr. McCloud's talk and I wish to have it referred to the Committee.

The motion was seconded, was put to a vote and carried.

PRESIDENT BRAASCH: The next resolution is presented by Dr. Fraley.

SECRETARY MEYERDING: Dr. Jones has a copy.

PRESIDENT BRAASCH: I wish you would transmit it to the Resolutions Committee.

President Braasch read the resolution.

On motion regularly made, seconded and carried it was voted to refer the resolution to the Resolutions Committee.

PRESIDENT BRAASCH: There is a resolution from Dr. Newhart which I will ask the Secretary to read.

Secretary Meyerding read the resolution.

On motion regularly made, seconded and carried it was voted to refer the resolution to the Resolutions Committee.

DR. KNIGHT (Minneapolis): The Medical Department of the Army would be very glad to have this Association appoint a committee known as the Military Committee with whom they may confer on matters of personnel in the Medical Reserve Corps or any other medical matters they would like such advice on. I have therefore handed such a resolution to the Resolutions Committee and wish to move that it be referred to them.

The motion was regularly seconded and carried.

PRESIDENT BRAASCH: Are there any other resolutions which anyone would care to bring before the House?

DR. C. B. DRAKE (St. Paul): It seems to me nothing definite was done about the recommendation of the House of Delegates to the Council in regard to the payment of expenses of the A. M. A. delegates.

If it is in order, I would move that travel and hotel expenses of our delegate to the A. M. A. be paid by the Association if it meets with the approval of the Council.

PRESIDENT BRAASCH: Do you mean that all expenses be paid or do you wish to refer that detail to the Council?

DR. C. B. DRAKE (St. Paul): It would be the recommendation of the House of Delegates to the Council that those expenses be paid inasmuch as the Council is the financial body.

The motion was seconded.

PRESIDENT BRAASCH: You have heard the motion made that the House of Delegates recommend to the Council that all railroad and hotel expenses of the delegates of the A. M. A. be paid. Are there any remarks?

DR. A. C. TINGDALE (Minneapolis): It seems to me Dr. Litzenberg mentioned that $125 would cover those legitimate expenses, and I should wish to amend the motion that it be up to $125.

DR. PLONDKE: Wouldn't it be well to recommend a per diem expense, say five dollars a day? Next year in Minneapolis there would be no railroad fare and very little hotel expense and the next time it might be out in California, so it is difficult, it seems to me, to specify a certain sum. Allow railroad fare and five dollars a day.

PRESIDENT BRAASCH: The amendment has precedence. Do I hear a second to the amendment?

The amendment to the motion was seconded.

DR. C. B. DRAKE (St. Paul): Does that mean $125 to each delegate whether the meeting is in Minneapolis or anywhere else in the United States?

DR. A. S. TINGDALE (Minneapolis): I understood Dr. Litzenberg to recommend that. It would equalize. As has been suggested, a delegate would be appointed in the future that would be a continued delegate for years to come.

DR. C. B. DRAKE (St. Paul): Inasmuch as we have different delegates from time to time, it seems to me rather unwise to arrange to pay $125 yearly and trust to luck that it will be an even break at the end. It seems to me that if the delegate has expenses they ought to be paid. If the expenses are from Duluth or Minneapolis next year why shouldn't they be paid? If they had to go to Texas or the Coast it seems to me the expenses should be paid.

DR. J. C. MICHAEL (Minneapolis): What is the custom?

PRESIDENT BRAASCH: The custom is very variable. Only a few of the states will pay all the expenses, some railroad fare, some hotel bills only. It is very variable.

SECRETARY MEYERDING: Out of forty-two states there are only nineteen that don't pay anything.

PRESIDENT BRAASCH: Is there any further discussion on this amendment?

DR. A. C. TINGDALE (Minneapolis): I wish to say a few words on this amendment. It seems to me Dr. Litzenberg's recommendation should be adopted. He has been a delegate for years.

PRESIDENT BRAASCH: The amendment is that a lump sum of $125 be paid to the delegates.

The motion was lost.

PRESIDENT BRAASCH: We will go back to the original motion. Are there any further suggestions or remarks to be made in regard to the original motion?

The original motion was to the effect that the traveling and hotel expenses of the visiting delegates to the A. M. A. be paid, that the Council be instructed to pay the traveling and railroad expenses of the delegates to the A. M. A.

DR. A. C. TINGDALE (Minneapolis): Traveling and hotel expenses at the discretion of the Council. It

would be the recommendation of the House of Delegates that the railroad and hotel expenses be paid if it meets with the approval of the Council.

PRESIDENT BRAASCH: It is recommended that the hotel and traveling expenses be paid and recommended to the Council.

Any further discussion?

DR. B. S. ADAMS (Hibbing): We have to watch out not to let the expenses run away. While it is very desirable to pay their expenses I think there should be a limit. We don't need to pay all the expenses of the delegates. They are able to pay a little. I think it would be well to put a limit of, say, $100 or $125 as an outside limit, or the suggestion by Dr. Plondke I think would work out just as well.

DR. KNIGHT (Minneapolis): I think a large association representing the whole medical association in the state of Minnesota ought not ask a delegate to pay part of the absolutely necessary expense to get him there, keep him and bring him back. He ought to be given his railroad fare and his hotel expenses for just the few days he is there. That is not a very great sum and anything else in the way of entertainment that he wishes to spend money for is his own personal affair. The necessary things, railroad fare and hotel expense, should be met by the Association.

DR. PLONDKE: I move to amend that motion that we be allowed railroad fare and five dollars a day.

The amendment was seconded.

PRESIDENT BRAASCH: It has been moved and seconded that the original motion be amended to read that the delegate be allowed railroad fare and expenses of five dollars a day.

Railroad fare includes Pullman and expenses of five dollars a day.

Is there any discussion on this amendment?

The amendment to the motion was put to a vote and carried.

PRESIDENT BRAASCH: That leads us back to the motion. The original motion as amended was put to a vote and carried.

DR. F. J. SAVAGE (St. Paul): I want to offer a resolution, that the annual dues be fixed at fifteen dollars until modified by the House of Delegates.

The motion was seconded.

PRESIDENT BRAASCH: It has been moved and seconded that the annual dues be fixed at fifteen dollars until changed by the House of Delegates.

Any discussion?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: Are there any further resolutions to be brought before the House?

DR. H. M. PLUMMER (Rochester): Dr. Willius, of Rochester, has a resolution which he wishes presented to the House of Delegates. Dr. Willius expected to present this in person but he was ill. I knew nothing of this until the night before I came up here. Inasmuch as he is particularly interested in this and I am not probably as familiar with the movement as I should be, I requested that he write a short preamble to this motion which I will read. It will only take a moment.

Dr. Plummer read the preamble to the motion.

DR. H. M. PLUMMER: I move that this resolution be referred to the Resolutions Committee.

The motion was seconded.

PRESIDENT BRAASCH: Any remarks?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: There is one matter I wish to bring up before we adjourn.

We all realize that it will be absolutely impossible to show our appreciation to Dr. Herman Johnson in any adequate way for what he has done for the medical profession of this state. We are powerless to express it and any action we might take would not convey it, but nevertheless it seems to me we owe him some form of recognition and I would like to suggest that we might show it in some concrete way, such as giving him a gold watch with suitable sentiments engraved. I would like to have someone make a motion empowering me to appoint a committee to purchase such a watch to be given to him tomorrow at our annual banquet. I know he would appreciate it, and in conferring with his friends they all assure us he would. He would then have some concrete evidence of our appreciation.

If it appeals to you, a motion to any effect that you may consider would be appreciated.

DR. H. M. WORKMAN (Tracy): I move such a committee be appointed.

The motion was seconded.

DR. H. M. WORKMAN (Tracy): And empowered to secure the watch.

PRESIDENT BRAASCH: It has been moved and seconded that a committee be appointed to secure a gold watch as a token of appreciation of the work done by Dr. Herman Johnson.

Any remarks or suggestions?

The motion was put to a vote and carried.

PRESIDENT BRAASCH: The next meeting will be held here at twelve o'clock tomorrow noon and we will have our lunch served here for us. They have promised us it will be a warm, live meeting so everybody be here on time.

The meeting adjourned at twelve-thirty o'clock.

SECOND MEETING OF THE HOUSE OF DELEGATES, HOTEL DULUTH—DULUTH

July 1, 1927, at 12:00 o'clock

Dr. Wm. F. Braasch of Rochester, President, presiding.

Report of the Credentials Committee:

Credentials have been received during the meeting for fifty-three delegates out of the sixty-two. There are present just now about forty-three delegates.

Motion was made that this report be accepted. Seconded; carried.

DR. R. R. FERGUSON (Chicago): Mr. Chairman and Members of the House of Delegates:

If I were to shut my eyes and listen to the talk that I have heard around this table and during my stay at your very interesting meeting, I would think that I was in Illinois, because it seems that we are all working along the same line. I believe that in my few talks that I have had here and in seeing the things that you are doing here, that you are just the same as we and are doing just the same things as we are doing in Illinois and any other state.

I want to congratulate you on the new laws which you recently had passed, and if all our States had a "Herman Johnson" we think we all would be in much better condition than we are today. We, in Illinois, feel that we have a "Herman Johnson" in Doctor Neal of Springfield, who is spending hours and hours. So we feel very much in sympathy with the work that Doctor Johnson has been doing for you.

I bring greetings to you from Illinois. When I see the number in your House of Delegates it makes me think that I am in the Council of the Illinois State Society. Of course, our House of Delegates runs way over a hundred. So, while we are larger in size, we really are working along the same lines, and we appreciate very much being asked to meet with you today.

DR. H. M. STANG (Eau Claire, Wisconsin): I did not know that I was supposed to say anything at this meeting. I might tell a story and sit down and get away with it, but I would like to say that the State of Wisconsin sent me to this meeting to learn and not to say anything about what we are doing, and as far as I can see I certainly am learning a great deal.

I feel too that Dr. Person of the State House of Delegates in Wisconsin functions the same as your organization. I can understand the enthusiasm at this meeting in regard to the Basic Science Bill, as the State of Wisconsin felt the same a few years ago, especially at the Green Bay meeting. The Basic Science law in Wisconsin is a little more stringent.

I too wish to bring greetings from the State of Wisconsin, and I hope we will see a good many of you at our September meeting. Your President is on the program and we would be glad to entertain any delegate from this State.

DR. W. F. BRAASCH: We will now listen to a summary of the minutes of the previous meeting of the House of Delegates.

Dr. E. A. Meyerding gave a brief report of the adjourned meeting of the House of Delegates June 30, 1927.

REPORT OF THE REFERENCE COMMITTEE

DR. E. A. MEYERDING: Resolution Number 1—

Our second recommendation is that the Ramsey County Medical Society instruct its Legislative Committee to coöperate with the corresponding committee of the State Association to secure the passage of a bill which would require each and every applicant for admission to any free hospital, except in case of immediate emergency, to fill out blanks to show whether the applicant is able to pay; and that each applicant who is able to pay for his care and treatment shall be rejected, and that, if after such patient has been admitted and it is found that he misrepresented his financial condition, he will be subject to prosecution. (There is such a law in the state of New York and Louisiana.)

DR. W. A. JONES: Report on Resolution Number 1—

The resolution recommended by the Ramsey County Medical Society to secure the passage of a bill which would require each and every applicant for admission to any free hospital, excepting in cases of immediate emergency, to fill out blanks to show whether the applicant is able to pay and that each applicant that is able to pay for his care and treatment shall be rejected and that if after such patient has been admitted it is found that he misrepresented his financial condition he will be subject to prosecution (there is such a law in the states of New York and Louisiana). This recommendation was referred to the Council for action.

Motion made by Dr. Coventry that the action taken by the Reference Committee be accepted.

DR. BRAASCH: With regard to the recommendations, should the Reference Committee make a recommendation and if the House of Delegates does not agree I would suggest that, if agreeable, the recommendation be rejected on a two-thirds vote rather than a majority vote, because the Reference Committee certainly should have some authority and unless they do have some authority we really would not be of much practical value. I would suggest, in cases of this kind, that in order to overrule any suggestion made by the Reference Committee a two-thirds vote be requested, rather than a majority vote.

DR. A. C. TINGDALE: It seems to me that any democratic form of government always has a majority rule. I personally would object to any two-thirds rule under any circumstances. Therefore, I object to it.

DR. F. J. SAVAGE: It is not designed to take any prerogatives from the members of the House of Delegates. This proposed suggestion, to be acted upon by you, is the way business should be put on. It takes away none of your prerogatives. If you are going to debate each question that comes up for an indefinite period, then we might just as well make up our mind to spend the rest of the week right here.

DR. KNIGHT: It seems to me that the advice of this committee would be a very strong argument to the rest of us in our votes and I believe it should require a two-thirds vote.

DR. H. M. WORKMAN: I move that a two-thirds vote of the delegates present will be necessary to overrule a recommendation made by the Reference Committee.

DR. BRAASCH: There is just one thing I would like to say in regard to the recommendations made by the Reference Committee. Our resolutions are made to the Reference Committee and they get all the data together and discuss them, and then bring back a recommendation. A motion is made that if the House of Delegates wishes to overrule this they can do so by a two-thirds vote. It does not require any revision of the by-laws in order to make it necessary for us to do this.

DR. SMITH: Why, what is it that is coming up? I think we are going to adopt everything that they

recommend. I believe that we would be unanimous in it, and I think we are wasting time now.

DR. BRAASCH: All in favor of a two-thirds vote rise—(17). All in favor of a majority vote rise—(20). The motion is lost.

DR. W. A. COVENTRY: I move that it takes a majority vote to overrule a recommendation made by the Reference Committee. Seconded; carried.

DR. E. A. MEYERDING: Resolution Number 2—

Also to secure the passage of a bill making it impossible for a personal injury case, which does not come under the Workmen's Compensation Act, to be legally settled, in or out of court, without the bills for medical and surgical services and the bills for hospitalization being settled at the same time to the satisfaction of all parties concerned.

DR. W. A. JONES: Report on Resolution Number 2—

The Reference Committee recommended that this be referred to the Committee on Contract Practice. Seconded; carried.

DR. E. A. MEYERDING: Resolution Number 3—

Also that the Society through its Legislative Committee express to our representative in Congress and to the officers of the State and National Medical Associations, our disapproval of the World War Veteran Act in its present form."

DR. W. A. JONES: Report on Resolution Number 3—

The resolutions committee decided that action is not advisable as we understand action has already been taken by the A. M. A.

DR. G. S. WATTAM: I move that the action of the Reference Committee be accepted. Seconded; carried.

DR. E. A. MEYERDING: Resolution Number 4—

The Ramsey County Delegation also want to introduce a resolution at the State Medical Association meeting to urge the continuation of the Health Exhibit at the State Fair, which is in danger of being discontinued.

DR. W. A. JONES: Report on Resolution Number 4—

Regarding the action of the State Agricultural Society of Minnesota, conducting the Minnesota State Fair, in discontinuing the Health Exhibit:

The delegation to the Minnesota State Convention assembled for the annual meeting at Duluth question why the public health education work is not to be conducted as previously, and given the same importance as other educational activities at the State Fair. If such lay organizations as the State Fair take no interest in public health, from what groups then can there be expected support? The delegates of the Minnesota State Medical Association feel that this responsibility rests with those conducting the State Fair Association.

(Presented by Ramsey County Delegates)

This Committee recommends that the Exhibit be continued and suggests that the Secretary confer with the proper officials with a possible view to reaching settlement.

DR. GEORGE EARL: I move that the same be accepted. Seconded; carried.

DR. E. A. MEYERDING: Resolution Number 5—

The Ramsey County Delegation also would recommend that the 1928 State meeting which is to be held in Minneapolis be set some time in the fall to avoid conflict with the American Medical Association meeting in the spring.

DR. W. A. JONES: Report on Resolution Number 5—

This paragraph relative to the 1928 state meeting which is supposed to be held in Minneapolis, referred to the delegates for consideration as there is a plan on foot to have a one-day meeting of the House of Delegates on the day before the session of the A. M. A. opens.

That is done for economic reasons so that we can come to both meetings for the same price. This delegates' meeting will not interfere at all with the meeting of the A. M. A. and they will not interfere with us. It simply simplifies it.

DR. BRAASCH: It is proposed that our scientific program be merged with the scientific program of the A. M. A. There would only be a meeting of the House of Delegates of the Minnesota State Medical Association, and no separate scientific program, as that would interfere with the activities of the A. M. A. If we held a scientific program and they also, both would suffer as a result. This suggestion is open for your consideration. No specific recommendation is made; it is left entirely to the House of Delegates for action. The chair would entertain some motion in regard to this matter, and also discussions which you care to have.

DR. S. H. BAXTER: In behalf of Hennepin County, I desire to extend an invitation to meet at Minneapolis next year.

It was moved and seconded that the next meeting of the State Association be held in Minneapolis. Carried.

DR. BRAASCH: Now having decided the place, the Council will set the time, according to the Constitution, and we would entertain suggestions in regard to the kind of meeting or nature of meeting.

DR. DRAKE: Just to start a discussion I would like to say that it seems to the delegates of Ramsey County, and I think would appear so to the other delegates, that to have our meeting at the same time as the A. M. A. would be a sort of a side-show, and although I realize that the Council determines the exact time we thought that the Council would not feel that the House of Delegates would be overstepping its function if the subject should be brought up as to what is the best time for us to meet. It seems to me we ought to have the regular meeting and it is the feeling of the Ramsey County delegates that the fall would be the better time.

DR. W. A. JONES: The A. M. A. decides on the date of the meeting of the A. M. A. and it depends a good deal upon getting proper quarters, meeting rooms, entertainments, etc. As far as we can learn the meeting of the A. M. A. will be about June 11. It has occurred to us that we would ask the State Association to meet at the same time and thereby save considerable expense to the men from the country.

DR. BRAASCH: It seems to me that if we would all

coöperate and back the A. M. A. by merging our scientific program with that of the A. M. A., I fail to see what we could lose by it, and it seems to me that it would reflect credit if we would accept it.

DR. J. M. HAYES: I don't know just why the Saint Paul men want the meeting in the fall, but there is no reason why we couldn't have it. I don't know as it would be any harder for Minneapolis to have it, if the others desire.

DR. M. W. SMITH: I move that this matter be decided by the Council.

Seconded; carried.

DR. E. A. MEYERDING: Resolution Number 6—

Red River Valley Medical Association states:

"There are a couple of factors I wish to call your attention to and which I think should be brought up probably before the committee on resolutions at the Duluth meeting. One of these is the question of our physicians' Liability Insurance. The Ætna, at present, are giving us a $5,000-15,000 policy for twenty-one dollars, and it is possible to get a $10,000-30,000 policy for twenty-one dollars from the U. S. F. & G. In other words, we can get double the protection for the same premium. I think this should be investigated and whatever action deemed necessary taken.

DR. W. A. JONES: Report on Resolution Number 6—

The Resolutions Committee recommended that this matter be referred back to the local society.

We feel that nobody should dictate to any state society or any member of any state society what fees he shall charge for his services. We feel also that although the Minnesota State Society is tied up in a sort of a way with the Ætna Company, still it is not a complete tie-up. Any man that is a member of the State Society has the liberty to get his insurance wherever he wants to and get it from somebody else. For that reason we suggest that the first resolution which is in regard to changing of policies from $500-15,000 with the Ætna, to $10,000-30,000 with the U. S. F. & G. is up to the local members, and therefore it is referred back to the local society.

Motion made that the action of the Resolutions Committee be adopted.

DR. TINGDALE: I move that the opinion of the Committee be also returned to the local society, so that they know really why it was returned. It seems to me that it was a very good opinion, and I think it should be attached. I amend the original motion that the opinion be also returned to the society by this committee.

Seconded; carried.

DR. E. A. MEYERDING: Resolution Number 6½—

The other question deals also with Ætna Company, but in a different capacity. It deals with their attitude as underwriters for the Minnesota State Workmen's Compensation Bureau. They have the habit in practically every case of trying to get us to discount our bills from twenty-five to forty per cent and inasmuch as they are the only company underwriting the Workmen Compensation Liability insurance who take this attitude, we, here in the Red River Valley Society, feel that a stand should be taken by the state association in regard to their action. I wish that you would bring this material in the proper form before the proper committee of the state association.

DR. W. A. JONES: Report on Resolution Number 6½—

This matter concerns insurance companies attempting to persuade doctors to discount their bills from twenty-five to forty per cent. The resolution committee feels that if anybody is foolish enough to do this, let them, and therefore we refer it back to the local society.

Motion made to adopt the action of the Reference Committee. Seconded; carried.

DR. BRAASCH: This being the first time the Reference Committee is tried out, there will be some hitches, but it is getting along remarkably well. It is modeled after the methods employed by the American Medical Association meeting of the House of Delegates.

DR. E. A. MEYERDING: Resolution Number 7—

Resolved that the State Medical Association terminate the agreement with the Ætna Life Insurance Company to insure the doctors of this state under the group plan.

DR. W. A. JONES: Report on Resolution Number 7—

This resolution submitted by a member of this clinic. We advise that it be returned to the author without recommendation as any member of this society may seek insurance of any sort in any company he may select.

DR. M. W. SMITH: I move that the action of the Reference Committee be adopted. Seconded; carried.

DR. E. A. MEYERDING: Resolution Number 8—

Resolved that the Minnesota State Medical Association urge the Legislature at the next session to amend the Workmen's Compensation Act;—

To wit—That an injured employe may have the right to select his own physician immediately, without losing any of his rights or privileges under the Workmen's Compensation Act. *Explanation*—(As the Act is now worded an employe must accept the company doctor or he may lose his entire compensation). Some insurance adjustors deny this, but the ruling of the State Industrial Commission and the decision of some of our courts confirm this fact. This is manifestly unfair to the employe as well as to the medical profession.

Second—The Insurance Companies have established a Fee Basis 50 to 75 per cent under the usual medical fees and hire doctors on this basis, to take care of the work. This makes it difficult for the profession to maintain a reasonable fee basis. This change in the law would be a step to correct the harm in the Act.

Third—The next thing would be for the local societies to establish a minimum fee basis for the members to charge insurance companies.

DR. JONES: Report on Resolution Number 8—

The resolution introduced by Dr. E. A. Loomis which deals with compensation and fee reduction is referred to the Committee on Contract Practice. Your committee suggests that the Committee on Contract Practice be continued.

DR. L. SOGGE: I move that the same be adopted. Seconded by Dr. G. S. Wattam; carried.

DR. TINGDALE: Does that mean that it might die in this committee, or that it would be taken up at the next meeting of the House of Delegates?

DR. BRAASCH: I dare say that the Contract Practice Committee will take care of that and will report at the next meeting of the House of Delegates.

Motion made that this matter be considered by the Committee, but that it be reported at the next meeting of the House of Delegates.

DR. BRAASCH: The motion will then read that the Committee on Contract Practice will meet, and report on this matter at the next meeting of the House of Delegates. Carried.

DR. E. A. MEYERDING: Resolution Number 9—

"Recognizing the fact that the most effective means for the prevention of deafness consists in the early detection of hearing impairment, thereby giving opportunity for the prompt removal of contributing causes, and, believing it to be one of the important functions of our public school authorities to safeguard the integrity of the special sense organs, as well as the general health of the school child: be it

"Resolved, By the Minnesota State Medical Association that it heartily favors the provision by our public school authorities for regular periodic examinations of the hearing acuity of all public school children, such examinations to be adequate to detect even slight degrees of hearing loss."

DR. W. A. JONES: Report on Resolution Number 9—

The resolution by Dr. Horace Newhart is approved by the Reference Committee.

DR. KNIGHT: I move that the action of the Reference Committee be approved; seconded; carried.

DR. E. A. MEYERDING: Resolution Number 10—

Resolved—That the Minnesota State Medical Association appoint a military committee with which the Medical Department of the United States army may confer in matters of medical personnel and which may act in an advisory capacity toward the army in medical matters.

DR. W. A. JONES: Report on Resolution Number 10—

The recommendation of Dr. Ralph P. Knight relative to the appointment of a military committee is approved with the suggestion that the President of the Minnesota Medical Association appoint such committee.

DR. H. M. WORKMAN: I move that the action of the Reference Committee be approved; seconded by Dr. Coventry; carried.

DR. E. A. MEYERDING: Resolution Number 11—

The Council has invited Dr. A. J. Chesley, Executive Officer State Board of Health, to appear before the House of Delegates and he will present the following Resolution:—

A suggested resolution regarding the proposed study of maternal deaths in Minnesota.

WHEREAS, It is said that the United States has a higher puerperal death rate than any other civilized country with one exception and there has been no evidence of downward trend in the puerperal death rate during the past fifteen years, and

WHEREAS, The factors are not known which affect the puerperal death rate in the United States making it seem higher than any other country, and

WHEREAS, the Consulting Obstetrical Committee of the United States Children's Bureau—consisting of Dr. Robert DeNormandie, Chairman; Dr. Fred L. Adair, University of Minnesota Medical School; Dr. Rudolph W. Holmes, Rush Medical College, Chicago; Dr. Ralph W. Lobenstine, Maternity Center Association, New York; Dr. Frank W. Lynch, University of California Medical School; Dr. James H. McCord, School of Medicine, Emery University, Atlanta, Georgia; Dr. C. Jeff Miller, Tulane University, Louisiana; Dr. George Clark Mosher, Kansas City; Dr. Alice Pickett, University of Louisville Medical School; Dr. Fred Taussig, St. Louis—has suggested that a study of puerperal deaths would be of great value to the medical profession;

BE IT RESOLVED, That the State Medical Association coöperate with the State Department of Health in making a study of maternal deaths.

DR. W. A. JONES: Report on Resolution Number 11—

The resolution introduced by Dr. Chesley relative to the investigation of the puerperal death rate is recommended.

Moved and seconded that the action of the Reference Committee be adopted; carried.

DR. E. A. MEYERDING: Resolution Number 12—

A resolution made by Dr. Plummer and referred to the Resolutions Committee that the President be empowered to appoint a Heart Committee, consisting of five members, three of which are to be from the members of the Minnesota State Medical Association. It was suggested that the President confer with officials of the Minnesota State Heart Association in regard to the personnel of this committee.

DR. W. A. JONES: Report on Resolution Number 12—

The reference committee recommends that favorable action be taken in regard to the resolution presented by Dr. F. A. Willius requesting that the President be empowered to appoint a committee consisting of five members, three of which are to be from the members of the Minnesota State Medical Association. It was suggested that the President confer with officials of the Minnesota State Heart Association in regard to the personnel of this committee.

DR. W. F. BRAASCH: It has been suggested and requested by the Reference Committee that the President appoint such a committee to be made in conference with the Heart Association as to its personnel. I might say incidentally that I received a letter from the American Heart Association requesting that this State Association take such action.

DR. F. J. PLONDKE: I move that the action of the Reference Committee be approved. Seconded; carried.

DR. W. F. BRAASCH: We will now listen to a report of the second meeting of the Council by Dr. H. M. Workman.

SECOND MEETING OF THE COUNCIL

Called to order by Dr. Workman at 4:10 p. m., Thursday, June 30.

Members present: Drs. Sogge, Savage, Coventry, Hare, Wattam, Dodge, Workman, and E. A. Meyerding.

The Council suggests the name of Dr. J. C. Litzenberg as delegate to the American Medical Association to succeed himself.

The Council suggests the name of Dr. W. F. Braasch as alternate delegate to the American Medical Association to succeed Dr. LaVake.

Motion made by Dr. Coventry, seconded and carried that the Association pay the railroad fare and $5.00 per day to the members of the House of Delegates of the American Medical Association, this becoming effective Jan. 1, 1929.

With regard to Dr. Pearce's suggestion that a local field agent be employed to advance the work of the Committee on Hospitals and Medical Education, a motion was made by Dr. Coventry, seconded and carried that Dr. Pearce present a detailed budget for the year 1929, and that the House of Delegates authorize the council to make such an appropriation if they deem it advisable.

Motion made by Dr. Coventry, seconded and carried that the Chairman of the Editing and Publishing Committee, the Chairman of the Council and the State Secretary enter into an agreement with the publishers of MINNESOTA MEDICINE to have such publishers keep their own books, making a trial balance statement to the Secretary every three months and a final audit with distributions of profits or deficit at the end of the fiscal year and that the publishers be bonded by the Minnesota State Medical Association in an amount which in their judgment they deem sufficient. It is understood that the State Association will pay to the Bruce Publishing Company quarterly one-fourth of their estimated budget. It should be clearly specified in this contract that it has no bearing upon the policy of the journal, that it is only a matter of keeping the books.

It is the suggestion of the Council that Dr. J. W. Andrews of Mankato be made an Emeritus member.

The Council recommends that resolutions of thanks for their kind courtesies and coöperation should be sent to the following:—

The Saint Louis County Medical Society

Mr. Nichols of the Duluth Hotel

Mr. Duff of the Chamber of Commerce, whose cooperation has done so much to make this meeting a success

Duluth Tribune and Herald

Associated Press

DR. BRAASCH: You have heard the report of the Council, and I would suggest that it be approved, leaving out the election of officers until later.

Motion made by Dr. Chapman that the Report of the Council be adopted, with the exception that was suggested. Seconded; carried.

DR. BRAASCH: We will now proceed with the election of officers. The chair will entertain nominations for president.

DR. W. A. COVENTRY: I wish to nominate a man who is well known to the House of Delegates. He has been the president of his local society and he has also been extremely active in the interests of the State Medical Association as well as the local society. He has also been active in legislative matters during the past two or three sessions, but particularly so during the last session. A man that we can look to with honor. I wish to place in nomination the name of Dr. C. B. Wright of Minneapolis.

Dr. C. B. Wright of Minneapolis was unanimously elected president for the ensuing year.

Dr. Chapman nominated Dr. Charles Bolsta of Ortonville for first vice president and he was unanimously elected.

Dr. Adson nominated Dr. A. G. Liedloff of Mankato for second vice president; elected unanimously.

Dr. E. A. Meyerding, St. Paul, was re-elected secretary and Dr. Earle R. Hare, Minneapolis, treasurer.

Dr. F. A. Dodge, of Le Sueur, was re-elected councillor of the Fourth District.

Dr. W. H. Condit, of Minneapolis, was re-elected councillor of the Sixth District.

Dr. W. W. Will, of Bertha, was elected to fill the unexpired term of Dr. F. G. Millspaugh, deceased.

Dr. G. S. Wattam, of Warren, was re-elected councillor of the Eighth District.

DR. W. F. BRAASCH: We next proceed with the election of Delegate to the American Medical Association.—Dr. Litzenberg.

DR. HARE: In order that there may be no misunderstanding with reference to the nomination, I would like to make a word of explanation. Dr. Litzenberg has been very firm in his presentation of a certain thing with reference to the delegate to the A. M. A. He stated in connection with the presentation of this matter that it was his fixed desire to retire from this position; hence, he felt perfectly free to make the suggestion. I dare say that the suggestion which he made will now be carried into effect.

We have been told that the efficiency of this delegate or our delegates at the A. M. A. depends upon first a term of specification and then a term of real service.

If that be true, and I take it it must be true, then there is in the mind of the Council no hesitation in stating that the present incumbent of this position is the man to succeed himself, and with the word of explanation which I have already made, in order that Dr. Litzenberg will be freed entirely of embarrassment in this matter, I desire now, after the suggestion of the Council, it being their unanimous opinion that this is the thing to do, place the name of Dr. Litzenberg to succeed himself for the period beginning now.

Dr. J. C. Litzenberg of Minneapolis was elected by a rising vote.

Dr. W. F. Braasch of Rochester was elected alternate delegate.

DR. W. F. BRAASCH: We will now go on with unfinished business. The secretary will read the various

amendments to the Constitution as proposed for adoption.

DR. E. A. MEYERDING:

Constitution—Article IV, Section 1. In the second line of the printed copy after the words "Emeritus Members" and before the words "and Guests" add the words "Honorary Members." The section will then read as follows: This Association shall consist of Members, Delegates, EMERITUS MEMBERS, HONORARY MEMBERS and Guests.

Constitution—Article IV after Section 4, and as Section 5 add the following: "Honorary members shall be those elected to such membership by the House of Delegates on the recommendation of the Council."

Constitution—Article IV, That section which is now section 5 relating to Guests shall be Section 6.

By Laws, Chapter 1—Membership—Section 3. In the first line, after the word "Emeritus" insert the word "Honorary."

Constitution, Article VII, Sections and District Societies. In the fourth line of the second paragraph, after the word "such" and before the word "Districts" omit the words "sparsely settled."

Constitution, Article X—Funds and Expenses. Omit the first sentence of this Article which reads "Funds shall be raised by an equal per capita assessment of members." In the second line after the word "The" and before the word "shall" omit the words "amount of the assessment," and insert in lieu thereof the words "Annual Dues." This article will then read as follows:—"The Annual Dues shall be fixed by the House of Delegates, etc."

DR. W. A. COVENTRY: I move the adoption of the Constitution read as amended. Seconded; carried.

DR. E. A. MEYERDING: *By-Laws, Chapter VIII, Section 12*—Add as Section 12 the following: "Council shall discharge such duties as are provided by law."

By-Laws, Chapter IX, Section 4. The following be inserted: "In matters of general policy pertaining to the welfare of the State Association the Editing and Publishing Committee shall defer to requests from the Council."

DR. W. F. BRAASCH: You have heard the by-laws as amended. Are there any objections?

It was moved and seconded that the by-laws be adopted as amended. Carried.

DR. W. F. BRAASCH: As you know, the installation of officers will be at 10:30 tomorrow morning at the regular meeting place and I will appoint as a committee to present the President-Elect, Drs. Hayes, Knight and Harvey.

I think that is all the business that comes before the House of Delegates, unless there is some new business.

DR. SCHULDT: I would like to express the appreciation of the delegates of the splendid way in which our present president has conducted the affairs of the Association, and I would like to have it expressed by a rising vote for our President "Bill Braasch" for his splendid work.

The same was complied with.

DR. BRAASCH: Gentlemen—I appreciate your expression more than I can say.

DR. PLONDKE: While it was referred to the Council, I believe that the House of Delegates should extend their thanks to the State Association Committees and to the local committees for the effective work that they have done and for the splendid meeting that they have put on. I would suggest that this be signified by a rising vote.

Seconded; carried.

The same was complied with.

Meeting adjourned.

SCIENTIFIC SESSIONS

THURSDAY AFTERNOON, JUNE 30, 1927

The first scientific session of the Fifty-ninth Annual Meeting of the Minnesota State Medical Association, held at the Duluth Hotel, Duluth, Minnesota, June 30 to July 2, 1927, convened at one forty-five o'clock, Dr. E. L. Gardner presiding.

1. Medical Clinic, Hilding Berglund, M.D., Minneapolis.
2. The Parathyroid: Retrospect and Prospect, A. M. Hanson, M.D., Faribault.
3. Diphtheria and Scarlet Fever, W. P. Larson, M.D., Minneapolis
4. Symposium on Immunization and Acute Infectious Diseases:
   a. Immunization—Diphtheria and Scarlet Fever H. L. Eder, M.D., Minneapolis.
   b. Reactions and Observations in 2,000 Immunizations, D. E. McBroom, M.D., Faribault
   c. Measles, J. T. Christison, M.D., Saint Paul
   d. Pertussis, E. J. Huenekens, M.D., Minneapolis

   Discussion on Symposium on Immunization and Acute Infectious Diseases, I. A. Abt., M.D., Chicago, Ill.
5. Diagnosis and Treatment of Non-Opaque Foreign Bodies in Bronchi, K. A. Phelps, M.D., Minneapolis.

INTERMISSION

6. Symposium on Pulmonary Tuberculosis
   a. Pathogenesis of Tuberculosis, H. E. Robertson, M.D., Rochester
   b. Immobilization in the Treatment of Pulmonary Tuberculosis, E. K. Geer, M.D., Saint Paul
   c. Surgical Treatment of Pulmonary Tuberculosis, A. A. Law, M.D., Minneapolis.

   Discussion on Symposium on Pulmonary Tuberculosis, F. F. Callahan, M.D., Pokegama.

MEDICAL ECONOMICS MEETING

1. Illinois Lay Education Program, R. R. Ferguson, M.D., Chicago, Ill.
2. Minnesota Public Health Education Program, G. A. Earl, M.D., Saint Paul
3. Medical Economics, M. L. Harris, M.D., Chicago, Ill.
4. Legislation and the Doctor,
   H. M. Johnson, M.D., Dawson
   Charles Bolsta, M.D., Ortonville
   Senator Cannon, Saint Paul

J. T. Christison, M.D., Saint Paul
C. B. Wright, M.D., Minneapolis
L. Sogge, M.D., Windom

FRIDAY MORNING, JULY 1, 1927

1. Calcium Therapy in the Functional Nervous Disorders, C. C. Gault, M.D., Owatonna
2. Vertigo from an Ophthalmological Standpoint, C. L. Oppegaard, M.D., Crookston
3. Symposium on Gallbladder and Liver:
   a. Physiology of Liver and Gallbladder, F. C. Mann, M.D., Rochester
   b. Present Status of Cholecystography, B. R. Kirklin, M.D., Rochester
   c. Principles of Surgery of the Gallbladder, Arnold Schwyzer, M.D., Saint Paul

   Discussion on Symposium on Gallbladder and Liver, A. R. Colvin, M.D., Saint Paul; Hilding Berglund, M.D., Minneapolis

INTERMISSION

4. Non-Operative Treatment of Fractures, F. D. Dickson, M.D., and R. L. Dively, M.D., Kansas City, Mo.
5. Radiographic Interpretation, P. M. Hickey, M.D., Ann Arbor, Mich.
6. Physiotherapy, John Coulter, M.D., and H. E. Mock, M.D., Chicago, Ill.

FRIDAY AFTERNOON, JULY 1, 1927

1. Cancer of the Uterus, J. C. Litzenberg, M.D., Minneapolis
2. The Cervix as a Focus in Chronic Disease, C. H. Mayo, M.D., Rochester
3. Present Trends in Gynecology, J. O. Polak, M.D., Brooklyn, N. Y.

INTERMISSION

4. Symposium on Gastro-Intestinal Tract:
   a. Physiology of Gastro-Intestinal Tract, W. C. Alvarez, M.D., Rochester
   b. Control of the Pylorus, C. B. Wright, M.D., Minneapolis
   c. X-ray Diagnosis of Disease of the Stomach, P. M. Hickey, M.D., Ann Arbor, Mich.
   d. Gastric Surgery, D. C. Balfour, M.D., Rochester
   e. Treatment of Chronic Ulcerative Colitis, J. A. Bargen, M.D., Rochester.

BANQUET SESSION, FRIDAY EVENING, JULY 1, 1927

Opening Remarks, C. H. Mayo, M. D., Rochester
Address of Welcome, W. A. Coventry, M.D., Duluth
Remarks, J. O. Polak, M.D., Brooklyn, N. Y.
Remarks, I. A. Abt, M.D., Chicago, Ill.
Introduction of Guests
Remarks, Mrs. J. T. Christison, Saint Paul, President of the Women's Auxiliary
Remarks, H. M. Johnson, M.D., Dawson
Remarks, Mrs. Ben Davis, Duluth, President-elect of the Women's Auxiliary
Address, W. F. Braasch, M.D., Rochester
Expression of Thanks, H. M. Johnson, M.D., Dawson.
Remarks, C. B. Wright, M.D., Minneapolis, President-elect

SATURDAY MORNING, JULY 2, 1927

1. Rectal Fistula in the Tuberculous, W. A. Fansler, M.D., Minneapolis, and C. K. Pelter, M.D., Oak Terrace.
2. Value of Refraction in Children, W. H. Fink, M.D., Minneapolis
3. Pediatric Clinic, I. A. Abt, M.D., Chicago, Ill.
4. Peptic Ulcer, J. B. Carey, M.D., Minneapolis.
5. Malarial Treatment of Paresis, J. M. Michael, M.D., Minneapolis
6. The Treatment of Acute Empyema, J. M. Hayes, Minneapolis

INSTALLATION OF OFFICERS

7. Symposium on the Heart:
   a. Bacteriology of Heart Disease, B. J. Clawsen, M.D., Minneapolis
   b. The Hypertension Heart, G. E. Fahr, M.D., Minneapolis
   c. The Heart in Diphtheria and Other Infections, M. H. Nathanson, M.D., Minneapolis
   d. Coronary Disease, W. S. Middleton, M.D., Madison, Wis.
   e. Heart Disease from the Insurance Standpoint, C. N. McCloud, M.D., St. Paul.
8. Clinic on Diseases of the Circulatory System, W. S. Middleton, M.D., Madison, Wis.

MINNESOTA STATE BOARD OF MEDICAL EXAMINERS

MINNESOTA LICENTIATES, JUNE 1927
BY EXAMINATION

NAME	MEDICAL COLLEGE	ADDRESS
Abraham, Arden Llewellyn	U. of Minn., M.B. 1927	2429 Girard Ave. So., Minneapolis.
Bernstein, William C.	U. of Minn., M.B. 1927	Stillwater, Minn.
Brown, Harold W.	U. of Minn., M.B. 1927	1055 14th Ave. SE., Minneapolis.
Brown, John Lyman	U. of Minn., M.B. 1927	1055 14th Ave. SE., Minneapolis.
Brown, William Donald	U. of Minn., M.D. 1926	608 E. 14th St., Minneapolis.
Dahl, Clarence Arnold	U. of Minn., M.B. 1927	2015 Lyndale Ave. N., Minneapolis.
Didriksen, Sarah Hoff	U. of Minn., M.B. 1927	529 Oak St., SE., Minneapolis.
Engstrom, George Frederick	U. of Minn., M.B. 1927	Swedish Hospital, Minneapolis.
Haes, Julius Ernest	U. of Minn., M.B. 1927	St. Luke's Hospital, Duluth.
Hawkinson, Raymond Paul	U. of Minn., M.B. 1927	1139 Bryant Ave. N., Minneapolis.
Head, Douglas Parry	U. of Minn., M.B. 1926	55 Dell Place, Minneapolis.
Higgins, George Kendall	U. of Minn., M.B. 1927	1717 Third Ave. So., Minneapolis.
Holmer, Valentine Christian	U. of Minn., M.B. 1927	603 Delaware St. SE., Minneapolis.
Hutchinson, Henry	U. of Minn., M.B. 1927	603 Delaware St. SE., Minneapolis.
Inge, Theodore R.	U. of Minn., M.B. 1927	St. Louis, Mo., City Hospital No. 2.
Johnson, Herbert Wm. Everett	U. of Minn., M.B. 1927	Cal. Luth. Hosp., Los Angeles, Cal.
Johnson, Jacob Arthur	U. of Minn., M.B. 1927	525 Jessamine, St. Paul.
Johnston, Rufus Oscar	U. of Minn., M.B. 1927	Nashwauk, Minn.
Jones, Wm. Ray	Med. Coll. So. Car., M.D. 1923	1009 Nicollet Ave., Minneapolis.
Kerkhof, Arthur C.	U. of Minn., M.B. 1927	1811 Emerson Ave. N., Minneapolis.
Leggett, Elizabeth Ann	U. of Minn., M.B. 1927	1931 Iglehart Ave., St. Paul.
Leven, Nathaniel Logan	U. of Minn., M.B. 1927	1712 Lincoln Ave., St. Paul.
McGreane, Frank	U. of Minn., M.B. 1927	Shullsburg, Wis.
Marshall, James Max	U. of Pa., M.D. 1925	Mayo Clinic, Rochester.
Milton, John Swanson	U. of Minn., M.B. 1927	Swedish Hospital, Minneapolis.
Minsky, Armen	U. of Minn., M.B. 1927	1159 N. 6th St., Minneapolis.
Moss, Frederic Henry	U. of Minn., M.B. 1927	Apt. 353 Curtis Hotel, Minneapolis.
Naslund, Ames William	U. of Minn., M.B. 1927	Eveleth, Minn.
Nelson, Leslie Frank	U. of Minn., M.B. 1927	203 7th St., Cloquet, Minn.,
Nelson, Robert Lyman	Northwestern, M.D. 1926	510 Fidelity Bldg., Duluth, Minn.
Saliterman, Bernard Irving	U. of Minn., M.B. 1927	534 Girard Ave. N., Minneapolis.
Satterlee, Howard Wilson	U. of Minn., M.B. 1927	University Hospital, Minneapolis.
Seeley, Sam Foster	U. of Minn., M.B. 1927	3723 Upton Ave. N., Minneapolis.
Short, Jacob	U. of Minn., M.B. 1927	644 Dayton St., St. Paul.
Singer, Benjamin	U. of Minn., M.B. 1927	303 St. Anthony Pk., St. Paul.
Stevenson, Gilbert Miller	U. of Minn., M.B. 1927	5801 Glenwood St., Duluth, Minn.
Thompson, Arthur	Northwestern, M.D. 1927	Raymond, Minn.
Vaughan, Victor Milton	U. of Minn., M.B. 1927	Winnebago, Minn.
Vezina, John Charles	U. of Minn., M.B. 1927	Ellsworth, Wis.
Warren, Cecil Alexis	U. of Minn., M.B. 1927	208 S. Victoria St., St. Paul.
Westerman, Alvin Emil	Northwestern, M.D. 1927	Montgomery, Minn.
Wildebush, Frank F.	U. of Minn., M.B. 1927	629 Washington Ave. SE., Minneapolis.
Zanger, Isabelle Marie	U. of Minn., M.B. 1927	3101 Humboldt Ave. So., Minneapolis.
Zehm, Abner	U. of Minn., M.B. 1927	2804 42nd Ave. So., Minneapolis.